

WILTSHIRE COUNTY COUNCIL

Annual Report



OF THE

Principal School Medical Officer

Being the report required to be made by the Principal School Medical Officer under Section 92
of the Education Act, 1944

FOR THE YEAR

1964

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Foreword

Apart from the need to keep pace with the rapidly increasing school population the development of the school health service in Wiltshire appears now to have reached a point where most needs are being met. The exceptions to this generally satisfactory state of affairs remain the shortages of dental officers and speech therapists, to which particular reference has been made in the last two annual reports. The Education Committee is at present considering possible recommendations to improve dental recruitment.

The opening of new clinic buildings at Trowbridge, Chippenham and Melksham during 1964 has helped the work of the school health service in common with the other activities.

The next important step forward may well be the use of the computer to enable the work to be more effectively planned, organised and recorded.

Continued progress is being made with health education in schools. It would be facilitated if unsatisfactory school buildings, especially those in primary schools, to which reference is made on page 38, could be improved more rapidly.

Apart from the school health service itself special schools for maladjusted and physically handicapped children are still urgently needed in Wiltshire.

The staff of the school health service, professional, administrative and clerical, have as usual dealt most effectively with considerable pressure of work. Once again I am happy to acknowledge the help and co-operation of general practitioners and hospitals in providing comprehensive health services for school children. My thanks are also due to the Chief Education Officer, the teachers and other staff of the Education Department.

C. D. L. LYCETT.

County Hall,
Trowbridge.

Staff

Principal School Medical Officer and County Medical Officer of Health:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health:—

J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officers:—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

Principal Borough School Medical Officer and Medical Officer of Health for Swindon:—

J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers and Assistant County Medical Officers:—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Devizes Borough and Devizes Rural District.) (Resigned 31.5.64.)

C. L. Broomhead, *T.D.*, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District.)

J. L. Davies, M.B., B.S., D.P.H. (Also Medical Officer of Health, Trowbridge Urban District and Bradford on Avon Urban District.)

A. H. Halstead, M.B., B.S., D.P.H. (Also Medical Officer of Health, Devizes Borough and Devizes Rural District.) (Commenced 10.8.64.)

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District.) (Commenced 3.2.64.)

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C. (Canada). (Also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District.)

H. I. Lockett, M.B., B.S., D.Obst., R.C.O.G., D.P.H. (Also Medical Officer of Health, Marlborough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District.) (Resigned 4.7.64.)

J. Reynolds, *M.C.*, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District.)

P. J. Speller, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District.) (Resigned 31.3.64.)

F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District.) (Commenced 1.11.64.)

J. A. Theobald, M.B., B.S., D.P.H. (Also Medical Officer of Health, Highworth Rural District.) (Resigned 8.6.64.)

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District.) (Commenced 18.3.64.)

E. M. Wright, *T.D.*, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health, Salisbury City.)

D. M. Blomfield, M.B., B.S., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

Elizabeth Heathcote, M.B., Ch.B., D.A.

Blaguigna Popham, M.R.C.S., L.R.C.P., D.P.H.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

Psychiatrists (Part-Time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.
T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

Educational Psychologist:—

C. S. Rushton, B.A.

Psychiatric Social Workers:—

Mrs. V. N. Cole.
Mrs. D. J. Runswick.

Child Guidance Social Worker:—

Mrs. M. Kellas (Part-Time).

Principal School Dental Officer and Chief Dental Officer:—

D. Middleton, L.D.S.

Area Dental Officer:—

K. V. M. Taylor-Milton, L.D.S. (Commenced 12.10.64.)

Orthodontists:—

Dorothy M. Y. Campbell, L.D.S., D.D.O.
F. Jones, L.D.S., D.D.O.

School Dental Officers:—

M. F. Ashby, L.D.S. (Commenced 8.1.64.)
P. M. H. Balfe, B.D.S.
Joan C. Ellwood, L.D.S.
E. C. Humphreys, L.D.S. (Died 1.11.64.)
F. Lake, L.D.S.
E. G. H. Lightfoot, L.D.S.
R. H. McGowan, L.D.S., B.D.S., (Commenced 4.5.64.)
R. S. McMinn, L.D.S.
A. E. B. Noble, L.D.S. (Commenced 1.8.64.)
C. D. Parkinson, L.D.S. (Resigned 29.2.64.)
E. H. Randerson, L.D.S.

Dental Auxiliaries:—

Miss M. J. Drabble. (Commenced 1.10.64.)
Miss S. Goddard. (Commenced 19.10.64.)
Miss H. Hill.
Miss H. Rumford.

Chief Administrative Assistant:—

W. R. Brockway.

Remedial Instructresses:—

Mrs. C. Hett.
Miss D. M. Jones.
Miss R. M. Slinger.

Speech Therapists:—

Miss B. M. Coombs. (Resigned 30.4.64.)
Mrs. E. J. Merrett. (Commenced 7.1.64.)

Hearing Therapist:—

D. W. Brown, B.A.

Audiometrician (Part-Time):—

Mrs. S. Brewis.

The establishment of medical officers is sixteen but only fifteen of the posts were filled. Because of increasing child population it is, however, proposed to fill this post in 1965. There were a number of changes with gaps between the resignations and the commencement of duty of the new medical officers. There was also one post still unfilled at the end of the year. Consequently Dr. Gwendoline Moffett was employed on a part-time sessional basis throughout the year.

Ten medical officers are also district medical officers of health and all share the clinical work of the School Health Service. The time devoted by medical officers, apart from the headquarters medical staff, to the School Health Service is equivalent to 5.28 full-time medical officers.

The dental establishment is one Principal School Dental Officer, one Area Dental Officer, eleven school dental officers, two orthodontists and four dental auxiliaries. The area dental officer and two of the auxiliaries were additions to the establishment. At the end of 1964 there were vacancies for two dental officers. Mr. S. H. Brenan and Col. F. H. R. Davey were employed on a part-time sessional basis.

Although there is one educational psychologist on the School Health Service staff, he works half-time in the school psychological service and two psychologists on the staff of the Education Department devote half of their time to child guidance work.

There are three whole-time school nurses and 58 health visitor/school nurses. In the aggregate this is equivalent to the services of approximately 11 whole-time nurses.

Mrs. E. M. Blakeney continued to be employed on a part-time sessional basis as remedial instructress throughout the year.

The establishment of the speech therapists is four. At the end of 1964 there were three vacancies but Miss L. Dawson, Mrs. P. J. Hoare and Mrs. C. M. Richardson were employed on a part-time basis. Miss Dawson who is also a trained teacher is on the permanent teaching staff of a Wiltshire school but with the agreement of the Department of Education and Science undertakes speech therapy for two days in each week.

Mrs. V. N. Cole who previously held a diploma in social science, successfully completed a course at Manchester University and became qualified as a psychiatric social worker in October.

School Population

The number on the rolls of maintained schools, excluding the Borough of Swindon, in January of each of the previous ten years is given below:—

Year	1955	...	...	...	...	43,031
	1956	...	...	...	...	44,282
	1957	...	...	...	...	45,655
	1958	...	...	...	...	46,145
	1959	...	...	...	...	47,289
	1960	...	...	...	...	47,854
	1961	...	...	...	...	48,270
	1962	...	...	...	...	48,611
	1963	...	...	...	...	49,643
	1964	...	...	...	...	51,516

In January 1965 the details were as follows:—

								<i>Number of Schools</i>	<i>Number on Roll</i>
Primary ...	...	...	...	...	...	...	...	292	33,095
Secondary Modern	...	...	...	...	...	...	...	34	14,585
Technical	...	...	...	...	...	...	...	2	310
Grammar	...	...	...	...	...	...	...	10	4,845
Direct Grant, Non-maintained and Independent Schools									
(under arrangements made by the Authority)	...	...	...	...	...	...	...		415
Special Schools for E.S.N. Boys and Girls	...	...	...	...	...	...	...	2	150
Hospital Special Schools	...	...	...	...	...	...	...		65
								<hr/> 340 <hr/>	<hr/> 53,465 <hr/>

Excepted District of Swindon (in addition):—

Primary ...	...	...	...	...	...	...	...	41	11,816
Secondary Modern	...	...	...	...	...	...	...	11	5,441
Grammar	...	...	...	...	...	...	...	3	2,113
Direct, Grant, Non-maintained and Independent Schools									
(under arrangements made by the Authority)	...	...	...	...	...	...	...		13
Special Schools for E.S.N. Boys and Girls	...	...	...	...	...	...	...	1	120
								<hr/> 56 <hr/>	<hr/> 19,503 <hr/>

Medical Examination and Treatment

The numbers of children examined and re-examined during 1964 are given below. The figures in brackets are for the year 1963:—

Entrant Examination	...	...	...	...	...	...	...	4,996	(4,252)
Leaver Examination	...	...	...	...	...	...	...	3,890	(4,236)
Intermediate and other periodic examinations						...	...	5,920	(4,929)
(Pupils admitted to grammar schools who had not previously been examined or missed examination at the age of 10, primary and secondary modern school children who had missed examination in their age groups and children examined at the age of eight in one pilot area)									
								14,806	(13,417)
Special examinations	...	...	...	...	...	...	...	196	(262)
								15,002	(13,679)
Re-examinations	...	...	...	...	...	...	...	9,399	(11,125)

The arrears of medical examinations at the end of 1963 were 2,422 children in 32 schools. This was reduced by the end of 1964 to 1,086 in 26 schools.

The following table shows the proportion of parents who attended at their children's periodic medical examinations:—

				<i>Percentage of parents present</i>				
				1964	1963	1962	1961	1960
Entrant examination	...	...		87.9	90.4	84.4	88.9	89.2
Leaver examination	...	...		14.4	14.1	14.6	21.8	17.4
Other periodic examinations	...			67.4	71.3	76.0	72.3	64.5
All periodic examinations	...			60.4	69.0	63.0	62.8	59.2
Re-examinations	...	...		25.1	22.0	62.5	43.4	57.7

Pilot schemes of alternative methods of medical examination were continued during the year. One of these in the Stratton, Wroughton and Marlborough secondary modern school areas involves the examination of an additional age group as a routine at the age of eight and the other in the Calne and Chippenham secondary modern school areas is of the selective method of medical examination. In the reports for 1962 and 1963 a description was given of an attempt to assess the effectiveness of the pilot scheme of selective medical examination. This will be continued each year to obtain further evidence for or against the scheme. However, as an additional method of selection a questionnaire for completion by parents of children aged eight and ten was introduced in 1964.

FINDINGS AT MEDICAL EXAMINATIONS

The percentage of children whose general physical condition was recorded as unsatisfactory at periodic medical examinations since 1956 has consistently improved and was as follows:—

	1964	1963	1962	1961	1960	1959	1958	1957	1956
Percentage unsatisfactory	.8	.8	1.2	1.0	1.7	3.2	4.6	*	6.0

*Records destroyed in fire

The numbers of children in each main age group found to require treatment were as follows:—

Age Groups Examined	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	197	1,158	1,155
Leaver examination	594	664	1,048
Other periodic examinations ...	463	1,365	1,573
	1,254	3,187	3,776

Total number of children examined 14,806

Percentage of those examined found to require treatment ... 25.5

Percentage of those examined found to require treatment for
conditions other than defective vision 21.5

Comparative figures over a period of five years are given in the table below. The first column in each year is the number of children who needed treatment for any condition, including defective vision. The figures in brackets exclude children who were found to need treatment for defective vision only.

Percentage of children examined found to require treatment:—

	1960	1961	1962	1963	1964
Entrants	26.9 (25.4)	26.5 (24.3)	23.8 (23.5)	22.8 (23.0)	23.1 (23.2)
Leaver examination	28.0 (18.9)	25.3 (16.9)	25.6 (16.2)	24.4 (14.8)	27.1 (17.0)
Other periodic examinations ...	25.5 (22.8)	29.6 (23.5)	24.8 (18.8)	22.3 (17.7)	27.0 (23.1)
All examinations	26.6 (22.1)	27.4 (21.8)	24.6 (19.9)	23.1 (18.5)	25.5 (21.5)

The following tables show the number of children in each year of birth found to have satisfactory or unsatisfactory physical condition and to require treatment.

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils examined		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition	Total Individual pupils
		No.	No.			
1960 and later	93	92	1	3	14	12
1959	2,325	2,316	9	69	502	479
1958	2,578	2,564	14	125	642	664
1957	544	540	4	24	150	158
1956	654	644	10	65	168	188
1955	297	293	4	36	78	85
1954	3,022	3,000	22	296	651	757
1953	957	954	3	105	185	230
1952	288	282	6	38	80	91
1951	158	156	2	30	53	64
1950	2,459	2,431	28	280	454	722
1949 and earlier	1,431	1,412	19	183	210	326
TOTAL	14,806	14,684	122	1,254	3,187	3,776

RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION

Defect or Disease							Periodic Examinations				Special Examinations		
							Entrants	Leavers	Others	Total			
Skin	...	...	...	...	...	T	77	117	104	298	(272)	9	(2)
						O	64	34	59	157	(132)	2	(1)
Eyes—(a)	Vision	...	...	...	...	T	197	463	594	1,254	(1,293)	15	(34)
						O	328	165	320	813	(905)	5	(16)
(b)	Squint	...	...	...	...	T	90	29	74	193	(139)	3	(7)
						O	60	14	45	119	(121)	1	(—)
(c)	Other	...	...	...	...	T	18	10	26	54	(72)	2	(—)
						O	7	11	20	38	(23)	—	(1)
Ears—(a)	Hearing	...	...	...	...	T	142	18	75	235	(251)	12	(29)
						O	252	28	147	427	(367)	14	(27)
(b)	Otitis Media	...	...	...	...	T	35	9	22	66	(40)	3	(1)
						O	123	14	48	185	(113)	3	(4)
(c)	Others	...	...	...	...	T	22	18	48	88	(47)	1	(—)
						O	15	1	14	30	(32)	—	(—)
Nose and Throat	...	...	...	...	...	T	200	33	21	314	(204)	4	(8)
						O	474	38	203	715	(435)	2	(11)
Speech	...	...	...	...	...	T	51	6	47	104	(69)	3	(7)
						O	99	4	21	124	(149)	—	(4)
Lymphatic Glands	...	...	...	...	...	T	12	—	6	18	(27)	—	(—)
						O	109	9	39	157	(184)	2	(5)
Heart	...	...	...	...	...	T	14	10	10	34	(54)	3	(3)
						O	27	22	42	91	(80)	—	(—)
Lungs	...	...	...	...	...	T	67	19	43	129	(88)	3	(4)
						O	90	23	67	180	(138)	—	(1)
Development—(a)	Hernia	...	...	...	...	T	13	1	8	22	(13)	—	(—)
						O	12	1	5	18	(24)	—	(—)
(b)	Other	...	...	...	...	T	13	16	33	62	(61)	3	(3)
						O	110	14	120	244	(163)	—	(1)
Orthopaedic—(a)	Posture	...	...	...	...	T	55	98	134	287	(226)	6	(4)
						O	21	20	39	80	(72)	1	(1)
(b)	Feet...	...	...	...	...	T	242	109	194	545	(466)	3	(5)
						O	84	27	49	160	(147)	—	(1)
(c)	Other	...	...	...	...	T	74	41	66	181	(150)	5	(4)
						O	41	21	39	101	(139)	1	(1)
Nervous System—(a)	Epilepsy	...	...	...	...	T	10	11	20	41	(33)	2	(3)
						O	2	4	13	19	(22)	3	(2)
(b)	Other	...	...	...	...	T	24	9	7	40	(35)	—	(1)
						O	13	1	11	25	(39)	—	(1)
Psychological—(a)	Development	...	...	...	...	T	19	47	168	234	(119)	2	(2)
						O	63	27	83	173	(134)	5	(7)
(b)	Stability	...	...	...	...	T	19	11	39	69	(52)	5	(7)
						O	67	16	79	162	(125)	5	(5)
Abdomen...	...	...	...	...	...	T	14	9	10	33	(34)	2	(1)
						O	15	4	20	39	(39)	1	(1)
Other	...	...	...	...	...	T	94	74	98	266	(86)	3	(1)
						O	52	69	76	197	(123)	4	(5)

T. Requiring treatment.

O. Requiring observation. The figures in brackets relate to 1963.

CLEANLINESS

The total number of examinations by school health visitors carried out in 1964 was 92,292.

The following table shows the incidence of infestation in the last ten years.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Children found to be infested	831	366	252	Records destroyed in fire	233	226	203	199	268	211	186
Percentage of school population	1.9	0.8	0.7		0.5	0.5	0.5	0.5	0.5	0.4	0.3
Cleansing notices issued	146	91	51		30	26	40	41	42	53	35

In primary schools children are examined by school health visitors once every term. If any children in a school are found to be infested with lice or to have any other conditions requiring attention, they are followed up at home if necessary and a further examination is carried out to check that there is no further infestation in the school.

In secondary modern schools the school health visitors see each child individually and the emphasis is more on general advice on health matters than on the search for head lice.

SKIN CONDITIONS AND OTHER MINOR AILMENTS

Details are given below of children who attended medical officers' clinics because of skin conditions or other minor ailments, and of those noted by school health visitors at their routine visits to schools.

						Attended School Medical Officer's Clinic		Reported by School Nurse		Total	
						Salisbury	Trowbridge				
SKIN CONDITIONS:—						1964	1963	1964	1963	1964	1963
Ringworm: (a) Scalp						—	—	—	—	—	—
(b) Body						—	—	8	2	8	2
Scabies						—	—	4	4	4	4
Impetigo						—	—	17	12	17	14
Others—											
Rashes						2	—	—	—	2	—
Warts						58	42	—	1	58	43
Veruccae and Corns						5	7	—	—	24	40
Boils						3	—	1	—	4	—
Sores						4	3	7	14	11	17
Eczema						2	1	—	—	2	1
Dermatitis						2	1	—	—	2	1
Alopecia						—	—	—	—	—	—
Dandruff						12	14	—	—	12	14
Skin Spots						16	2	2	—	18	12
Herpes						3	4	—	—	3	4
Abrasions						6	10	2	—	8	10
						113	94	41	32	173	162
EXTERNAL EYE CONDITIONS:—											
Blepharitis						2	4	—	—	2	4
Conjunctivitis						1	1	19	15	20	16
OTHER MINOR AILMENTS						42	56	—	—	52	95
NUMBER WHO ATTENDED						158	155	—	—	187	230
TOTAL ATTENDANCES						196	248	—	—	228	323

The cases of impetigo and conjunctivitis recorded in the table were sporadic and there was no significant concentration at any one school.

Other Examinations

Special examinations under the following headings were undertaken by the school medical officers.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

	1964	1963	1962
Children examined	215	226	271
Children considered unfit for employment	7	11	15

CHILDREN IN CARE

Medical officers visit homes maintained by the Children's Committee to examine children at the following intervals:—

Children under the age of 12 months	...	monthly
Children 12 months to 5 years	... ..	quarterly
Children over 5 years	... ..	annually

At the same time the medical officers discuss with the staff any general health problems concerning children in the homes.

Children who are boarded out are medically examined annually. There is an opportunity for school medical officers to do this when they are at the children's schools for periodic medical examinations. If this cannot be done the examinations are carried out by the foster parents' family doctors.

Seventy-eight children were examined by school medical officers in 1964 as compared with 71 in 1962.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

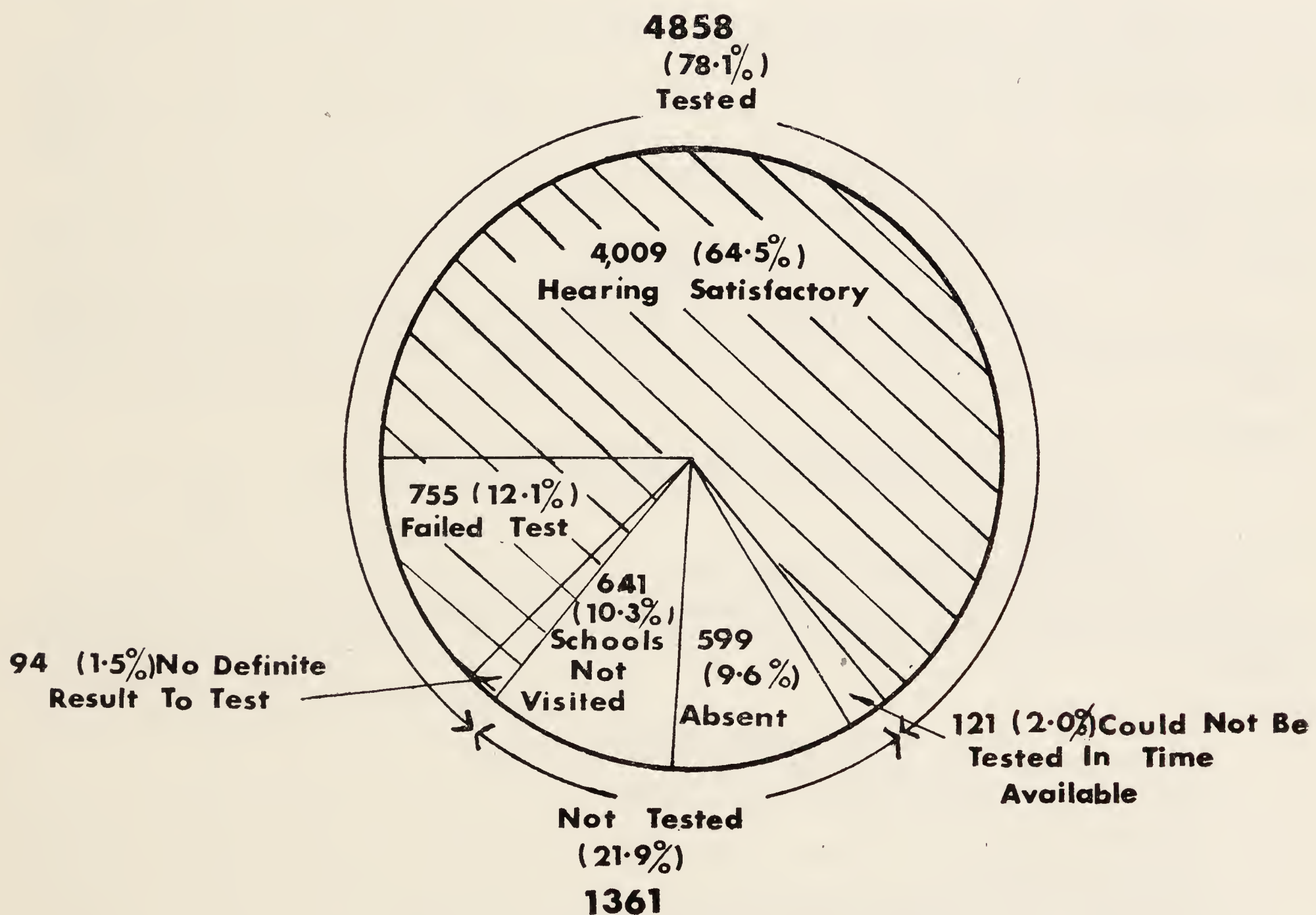
The following examinations were carried out under this heading:—

	1964	1963
Candidates for admission to teachers' training colleges	... 195	145
Candidates for entry to the teaching profession	... 16	21

Special Forms of Diagnosis and Treatment

HEARING LOSS IN SCHOOL CHILDREN

During 1964 the Audiometrician visited 239 of the 263 schools containing five year old children. At the time of the visits there were a total of 6,219 children due to be tested. These included children whom it had not been possible to test in 1963. The extent to which the work was carried out is shown in the following diagram.



The results of audiometry and the action taken in the case of the children who failed the test are set out below. These figures include children carried forward from 1963 for testing in 1964.

	<i>Entrants</i>	<i>Specials</i>	<i>Repeated test</i>	<i>Total</i>
Children tested	*4,858	252	442	*5,531
No definite result	94	2	5	101
Children who failed test	*755	63	165	962
Percentage of failures in children completing test	15.5	25	37.3	17.4
Referred to Hearing Therapist and subsequent audiogram satisfactory	7	—	1	8
Referred to Hearing Therapist and subsequently referred E.N.T. Clinic	6	—	—	6†
Under observation by Hearing Therapist ...	3	—	1	4
Audiogram to be repeated and result awaited at the end of the year	111	4	7	122
No action necessary after further investigation ...	48	9	31	88
Awaiting examination by school medical officers on 31.12.64	271	14	56	341
Already under observation at E.N.T. clinics and audiograms forwarded to clinics	53	10	17	80
Referred to family doctors	15	4	6	25
Referred to E.N.T. clinics	164	19	36	219‡
Removed to other areas	23	1	3	27
Under observation by School Medical Officer on 31.12.64	34		4	38
Deceased (accident)	1	—	—	1
To sit at front of class	4	2	3	9

†Included in‡

*Twenty-one children who were tested as entrants had their audiograms repeated during the year. Therefore, the number of entrants, specials and repeat tests together exceed the total number of children tested by 21. The analysis of failures of the 21 in question is included in the column "Repeated Tests".

Attendance of Children Referred to E.N.T. Clinics as a result of Audiometry

Children tested during the year who were referred to E.N.T. Clinics	219
Attended	148
Failed to attend	1
Awaiting appointments on 31.12.64	70

The results of attendance of the 148 children seen at E.N.T. Clinics during the year are given below. The results for those awaiting appointments at the end of the year will be included in the report for 1965.

	<i>Entrants</i>	<i>Specials</i>	<i>Repeated test</i>	<i>Total</i>
Tonsils and adenoids removed or other operation performed, and hearing then satisfactory ...	3	—	2	5
Had treatment other than operation and hearing then satisfactory	1	—	—	1
Loss of hearing due to wax; wax removed and hearing satisfactory	5	—	1	6
Discharged from clinic after one or more visits and no treatment. Hearing found to be within normal limits	24	3	6	33
Awaiting removal of tonsils and/or adenoids ...	30	1	4	35
Still under observation at clinic on 31.12.64 ...	38	6	15	59
Left Wiltshire before investigated fully	6	1	1	8
Provided with hearing aid	—	1	—	1

When appropriate children with defective hearing are followed up by the Hearing Therapist, who although primarily working with pre-school children devotes part of his time to school children. He works closely with ear, nose and throat specialists and advises parents and teachers about the problems and handling of the children. Children with hearing aids, in particular, need encouragement and frequent supervision to see that the aids are working as effectively as possible.

The Hearing Therapist has made the following report:—

An integrated service for the peripatetic assessment, supervision and instruction of children with impaired hearing continued to evolve during 1964.

The Hearing Therapist tested, observed and advised parents and teachers about an increased number of children including a greater number using hearing aids.

Because of increases in the population in parts of the County and improved methods of detection and assessment, there has been a corresponding increase in the number of pre-school children attended by the Hearing Therapist as detailed in the report of the County Medical Officer of Health.

Of sixty-two children using hearing aids fourteen were receiving intensive remedial teaching at the end of the year from the Peripatetic Teacher of the Deaf who specialises in teaching but does no assessment. As well as providing language, speech and normal teaching of individual children in their own schools, tutorial groups are held by the Peripatetic Teacher of the Deaf at Chippenham and Salisbury Health Clinics, respectively, on two mornings of each week.

The Hearing Therapist has worked with the Peripatetic Teacher of the Deaf in this method of providing adequate teaching in language, speech and normal school subjects as an excellent way of integrating severely deaf children into normal schools and into the community where there are too few children at any one time to justify the establishment of partially hearing units. For some of these children the alternative might have been admission to a residential special school.

VISITS BY THE HEARING THERAPIST

Visits to Schools				Visits to Homes	
No. of schools visited	No. of visits to schools	No. of children visited at schools	No. of visits to children at schools	No. of children visited	No. of visits
118 (84)	240 (261)	247 (137)	317 (437)	101 (198)	134 (236)

The figures in brackets relate to 1963

HEARING AIDS AND INDUCTION LOOPS

Children provided with commercial aids	...	...	...	...	7	(8)
Number of children using hearing aids in ordinary schools	...	...	...	...	62	(56)
Induction loop systems in use in schools	...	...	...	...	3	(2)
Television-driven induction loops in homes	...	...	...	...	5	(4)

The figures in brackets relate to 1963

SPECIALIST CLINICS HELD BY ARRANGEMENT WITH REGIONAL HOSPITAL BOARDS

Arrangements continued with the three regional hospital boards for ear, nose and throat, heart, eye and orthopaedic clinics to be held at various centres in the County. Some of these are at County Council clinics and others are special sessions for school children at hospitals. Where the numbers are small, however, children attend ordinary out-patient sessions with other patients.

Children are also referred to hospital out-patient departments for the opinion of other specialists, for instance, paediatricians, skin specialists or general surgeons.

Details of the work done are given under the separate heading relating to each

EAR, NOSE AND THROAT CLINICS

The following tables show the work done at the ear, nose and throat clinics during 1964 and the clinic waiting list at the end of that year.

Clinic	Attendance	Children Examined	Operations Performed						Otherwise treated	
			Nose and Throat			Ear				
			T. & A.	Other (without T. & A.)	Other (in addition to T. & A.)	Mastoid	Other (in addition to T. & A.)	Other	Nose and Throat	Ear
Bath	211 (197)	148 (144)	256 (98)	9 (6)	25 (16)	4 (1)	20 (3)	42 (3)	3 (7)	3 (3)
Bristol	— (2)	— (2)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Chippenham ...	145 (85)	128 (73)	— (22)	— (1)	— (1)	— (—)	— (3)	— (—)	1 (—)	— (2)
Cirencester ...	19 (20)	15 (17)	1 (1)	— (—)	— (1)	— (—)	— (—)	— (—)	— (2)	— (1)
Corsham	60 (73)	46 (48)	— (3)	— (—)	— (—)	— (—)	— (—)	— (1)	— (2)	— (8)
Devizes	154 (131)	103 (98)	2 (18)	3 (6)	1 (—)	— (—)	1 (—)	7 (1)	4 (3)	— (5)
Malmesbury ...	36 (14)	35 (11)	3 (8)	— (—)	— (—)	— (—)	1 (—)	— (1)	4 (—)	— (—)
Melksham	87 (62)	68 (55)	— (14)	— (1)	— (1)	— (—)	— (1)	— (—)	2 (5)	1 (2)
Salisbury	633 (444)	418 (272)	220 (334)	2 (8)	— (1)	— (—)	3 (24)	9 (19)	14 (17)	9 (25)
Savernake	123 (68)	100 (58)	— (1)	1 (2)	— (—)	— (—)	— (1)	— (2)	23 (2)	5 (1)
Shaftesbury ...	— (7)	— (5)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Swindon	264 (178)	216 (153)	5 (30)	— (3)	— (1)	1 (—)	— (4)	3 (4)	14 (11)	7 (4)
Tetbury	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Trowbridge ...	127 (72)	96 (61)	— (18)	— (1)	— (6)	— (—)	— (3)	— (1)	1 (1)	— (7)
Warminster ...	40 (22)	35 (20)	— (3)	— (—)	— (2)	— (1)	— (1)	— (—)	1 (—)	— (—)
Westbury	58 (20)	44 (19)	— (5)	— (1)	— (1)	— (—)	— (—)	— (—)	1 (1)	1 (2)
TOTALS	1,957 (1,395)	1,452 (1,036)	487 (555)	15 (29)	26 (30)	5 (2)	25 (40)	61 (32)	68 (51)	26 (60)

(The figures in brackets are for 1963)

Clinic Waiting List

Bath	...	...	...	...	—	(—)
Chippenham	...	...	...	...	14	(8)
Corsham	...	...	...	...	4	(1)
Devizes	...	...	...	...	1	(2)
Malmesbury	...	...	...	...	1	(2)
Melksham	...	...	...	...	2	(2)
Salisbury	...	...	...	...	3	(76)
Savernake	...	...	...	...	6	(3)
Shaftesbury	...	...	...	...	—	(—)
Swindon	...	...	...	...	8	(5)
Trowbridge	...	...	...	...	6	(10)
Warminster	...	...	...	...	1	(2)
Westbury	...	...	...	...	3	(9)
Totals	...	...	...	...	49	(120)

HEART CLINICS

There was no change in the arrangements for heart clinics which are made in conjunction with the regional hospital boards. The table below shows the work carried out during the year. Children who cannot conveniently attend the centres shown in the table and who need investigation for possible heart conditions are referred to the nearest paediatric out-patients department of a hospital.

Consultant		<i>Trowbridge</i> Dr. J. A. Cosh	<i>Corsham</i> Dr. J. A. Cosh	<i>Salisbury</i> Dr. R. G. M. Longridge	<i>Total</i>
New patients	...	15 (12)	3 (3)	14 (6)	32 (21)
Old patients	...	12 (21)	13 (18)	30 (26)	55 (65)
Total attendances	...	27 (34)	16 (21)	44 (34)	87 (89)

The figures in brackets relate to 1963

EYE CLINICS

Details are given in the table below of the numbers of children examined in each of the periodic age groups and of "special cases" who were found to need ophthalmic advice or were already receiving treatment for eye conditions.

	No. Examined (1)	No. found to need or to be receiving treatment (2)				Percentage Col. (2) of Col. (1) (3)			
		Defective Vision	Squint	Other	Total	Defective Vision	Squint	Other	Total
Entrants	4,996	323	90	7	420	6.46	1.801	.14	8.4
Leavers	3,890	512	29	11	552	13.13	.74	.28	14.15
Intermediate and other periodic examinations ...	5,920	720	74	20	814	12.16	1.25	.337	13.74
Total periodic	14,806	1,555	193	38	1,786	10.5	1.3	.25	12.05
Special examinations ...	196	20	3	2	221	10.2	1.53	1.02	12.75
Total all examinations ...	15,002	1,575	196	40	2,007	10.49	1.306	.26	13.37

It will be seen that the proportion of children needing treatment for defective vision was highest in the leaver group. This does not mean that the need for ophthalmic advice escaped notice until the children were examined in their last year at school, as, of course, the figures include children who were referred for treatment earlier and were still under treatment.

In addition to the sight testing at periodic medical examinations, children had their sight tested by health visitors at the ages of eight, eleven and thirteen. The results are given in the following table:

SIGHT TESTING BY SCHOOL HEALTH VISITORS

	Age Groups		
	8	11	13
Number of children tested	3,816	3,365	3,186
Found to have normal vision	3,285 (86.084%)	2,978 (88.4%)	3,134 (85.02%)
Found to have slight visual defect and noted for further observation by medical officer at next school visit or already under observation ...	276 (7.23%)	331 (9.83%)	413 (11.2%)
Referred to eye clinics	255 (6.68%)	56 (1.66%)	139 (3.77%)

The figures in brackets show the percentage under each heading of those tested

The testing of the eleven and thirteen year old age groups was introduced in 1962 and as a further assessment of its value an analysis has been made of the outcome of the eye clinic appointments made as a result of this testing. Of the 195 children referred to eye clinics eleven had seen specialists and were referred back for examinations which were due. The remaining 184 were new patients and the results were as follows:

Glasses prescribed	...	...	...	...	...	...	...	...	49
Kept under observation at the eye clinic	...	...	...	...	...	...	...	...	76
Referred to hospital for operation for squint	...	...	...	...	...	...	...	...	1
Diagnosed as condition other than defective vision	...	...	...	...	...	...	...	...	2
Discharged from clinic—No treatment necessary	...	...	...	...	...	...	...	...	17
Parents sought treatment elsewhere	...	...	...	...	...	...	...	...	7
Moved away before an appointment could be made	...	...	...	...	...	...	...	...	11
Awaiting appointments at the end of 1964	...	...	...	...	...	...	...	...	21
									<hr/> 184 <hr/>

Experience in the testing of the two older age groups has shown, however, that the test at thirteen was often made only a short time before the periodic medical examination at the age of fourteen. From 1965 onwards, therefore, the health visitors will test the vision in secondary schools only once, at the age of twelve.

Details of the attendances at eye clinics during the year were as follows:—

Number of children seen	...	...	...	...	...	...	...	3,689
Children with eye conditions other than errors of refraction and squint	...	...	...	...	...	...	...	32
Children with errors of refraction and squint	...	...	...	...	...	...	...	3,486
Children for whom glasses were prescribed	...	...	...	...	...	...	...	1,430
Total attendances of children	...	...	...	...	...	...	...	4,370

In addition information was received from ophthalmic medical practitioners and ophthalmic opticians that 343 schoolchildren were seen through the Supplementary Ophthalmic Service in 1964 and glasses were prescribed for 214 of these.

The colour vision of children is tested as a routine by school medical officers at the intermediate examination using Ishihara charts. In appropriate instances those found by this method to have defective colour vision and who live in the Trowbridge and Corsham area were given an opportunity to have a more precise test by the Giles Archer lantern which is available in the Trowbridge and Corsham clinics. Thirty boys and one girl were examined with the lantern during the year and 10 boys and the girl were found to be “unsafe” and 20 “safe” colour blind.

ORTHOPAEDIC TREATMENT

In 1964, 1,027 children were referred as a result of school medical examination for orthopaedic treatment, compared with 855 in 1963. This is 6.93 per cent of those examined, compared with 6.38 in 1963.

The conditions for which treatment was advised were recorded as:—

	<i>No. of Children</i>						<i>Percentage of Children Examined</i>					
	1964	1963	1962	1961	1960	1959	1964	1963	1962	1961	1960	1959
Defects of posture ...	293	230	219	325	326	327	1.97	1.74	1.78	2.51	2.34	2.6
Foot conditions ...	548	471	436	488	318	402	3.02	3.51	3.56	3.76	2.28	3.2
Other conditions ...	186	154	222	289	285	261	1.25	1.13	1.81	2.23	2.05	2.0

The number of children referred for treatment in each of the age groups was as follows:—

	<i>Intermediates (including other periodic examinations)</i>		<i>Leavers</i>	<i>Special cases</i>
	<i>Entrants</i>			
Posture ...	55	134	98	6
Foot conditions ...	242	194	109	3
Other conditions ...	74	66	41	5
	<hr/>	<hr/>	<hr/>	<hr/>
	371	394	248	14
Percentage of children examined ...	7.42	6.65	6.37	7.14

School medical officers, when recommending treatment for these defects, either referred the children to orthopaedic clinics or to the remedial instructresses for treatment by exercises. In addition, recommendations are received from general practitioners and other specialist clinics for attendance at the orthopaedic clinic.

A summary of the work done in 1964 is given below. Comparative figures for 1963 are given in brackets.

(a) Orthopaedic Clinics and Hospital Treatment

The number of children who attended at the clinics for the first time during 1964 and of those who were referred in previous years and remained under observation was as follows:—

Clinic	Children attending for the first time during 1964		Children referred in previous years and remaining under observation		Total	
CALNE ...	24	(28)	105	(67)	129	(95)
CHIPPENHAM ...	60	(32)	135	(115)	195	(147)
CORSHAM ...	10	(10)	31	(26)	41	(36)
DEVIZES ...	18	(20)	122	(103)	140	(123)
MALMESBURY ...	19	(18)	56	(88)	75	(106)
SALISBURY ...	24	(15)	6	(6)	30	(21)
SAVERNAKE ...	2	(3)	—	(1)	2	(4)
SWINDON ...	16	(10)	3	(2)	19	(12)
TROWBRIDGE ...	60	(61)	190	(221)	250	(282)
WARMINSTER ...	31	(27)	97	(69)	128	(96)
TOTALS ...	264	(224)	745	(698)	1,009	(922)

The total number of attendances was 2,145 (1,836).

One hundred and fifty seven children received in-patient treatment at the Bath and Wessex Orthopaedic Hospital during 1964.

The figures in brackets relate to 1963.

REMEDIAL EXERCISES CLASSES

Three whole-time and one part-time remedial instructresses hold classes in schools whenever possible, or when suitable accommodation is not available there, in clinics or accommodation hired for use when necessary.

Most children are recommended for treatment by school medical officers and orthopaedic specialists but a few are referred by their general practitioners, and some by ear, nose and throat specialists for breathing exercises. Close co-operation is maintained with orthopaedic specialists and the remedial instructresses visit orthopaedic clinics.

The number of schools visited and the children treated are shown in the following table:—

	Total	Mrs. Hett	Miss Jones	Miss Slinger	Mrs. Blakeney	P.E. Teachers
(a) Number of schools visited including those where P.E. Teachers conducted classes	278 (274)	74 (66)	104 (112)	68 (68)	23 (20)	9 (4)
(b) Number of children treated	2436 (2360)	597 (631)	605 (605)	601 (613)	562 (422)	71 (39)
(c) Number of children discharged during the year included under (b)	684 (617)	154 (174)	251 (209)	150 (98)	129 (104)	— (—)

The figures in brackets relate to 1963

The defects treated were mainly as follows:—

	Mrs. Hett	Miss Jones	Miss Slinger	Mrs. Blakeney	Total
Valgus ankles and flat feet ...	277 (280)	267 (292)	347 (305)	301 (254)	1192 (1144)
Club and varus feet ...	30 (3)	25 (2)	29 (4)	23 (2)	107 (11)
Knock knee ...	76 (73)	120 (134)	100 (112)	58 (61)	354 (404)
Curling and overlapping toes ...	36 (30)	18 (17)	18 (18)	36 (27)	108 (94)
Hallux valgus ...	14 (10)	9 (7)	16 (17)	23 (25)	62 (60)
Faulty posture ... (i.e. juvenile kyphosis, scoliosis and lordosis)	280 (211)	230 (186)	315 (298)	157 (124)	982 (837)
Faulty thorax development (and asthma) ...	96 (97)	86 (86)	65 (43)	65 (54)	312 (290)
Pes Cavus ...	1 (—)	1 (2)	1 (1)	8 (4)	11 (7)
TOTALS ...	810 (704)	756 (726)	891 (798)	671 (551)	3128 (2847)

The figures in brackets relate to 1963

Children are also referred from ear, nose and throat clinics for breathing exercises and for general physical improvement. The numbers were:—

Mrs. Hett	Miss Jones	Miss Slinger	Mrs. Blakeney	Total
8 (6)	2 (1)	Nil (Nil)	Nil (2)	10 (9)

OTHER SPECIALIST CONSULTATION AND TREATMENT

During 1964 appointments were made for 115 children as under

Paediatric	...	...	...	57	(72)
Skin	...	...	...	23	(22)
Surgical	...	...	...	30	(30)
Plastic	...	...	...	4	(3)
Gynaecological	...	...	...	1	(1)
Total	...	...	...	115	(128)

The figures in brackets relate to 1963.

CHIROPODY

Arrangements have been made for chiropodists in private practice in Salisbury, Trowbridge, Malmesbury, Corsham and Chippenham to treat school children who have been found by school medical officers to need chiropody treatment. In 1964 the children treated in this way were as follows:—

Veruccae	...	...	...	65	(64)
Corns	...	...	...	22	(12)
Callosities	...	...	...	4	(1)
Ingrowing toenails	...	...	...	1	(4)
Total	...	...	...	92	(81)

The figures in brackets relate to 1963.

Child Guidance

The child guidance team during 1964 consisted of:—

Dr. K. C. P. Smith, Psychiatrist.

Dr. T. A. A. Hunter, Psychiatrist.

Mr. R. A. Dare, Educational Psychologist.

Mr. J. R. Green, Educational Psychologist.

Mr. C. S. Rushton, Educational Psychologist.

Mrs. D. J. Runswick, Psychiatric Social Worker.

Mrs. V. N. Cole, Psychiatric Social Worker.

Mrs. M. Kellas, Part-time Child Guidance Social Worker.

Miss J. Riddle, Secretary.

Miss S. B. Norris, Secretary.

Centres

The child guidance sessions have been held at the following centres:—

The County Health Clinic, Trowbridge	... ..	Three Mondays in every four all day
The Clinic, 81 Bath Road, Swindon	... ..	Thursdays all day
The Clinic, Priory Road, Swindon	... ..	Friday mornings
The Central Health Clinic, Castle Street, Salisbury		Every Monday morning and 2nd, 4th and 5th Tuesday mornings
The County Council Clinic, Fuller Avenue, Corsham		Morning of 1st and 3rd Tuesday of each month and alternate Mondays
The County Council Clinic, Kingsbury Street, Marlborough		Afternoon of first Tuesday in each month
The County Health Clinic, Goldney Avenue, Chippenham		One Monday in four all day

The arrangements for the child guidance service were unchanged during the year. Again there was an increase in the number of children attending the clinics and in the number of attendances as can be seen in the graph on page 27. There was a continued increase in the number of children referred for behaviour disorders whilst the number referred for other reasons decreased.

As mentioned on page 7 Mrs. V. M. Cole, qualified as a psychiatric social worker after attending a year's course at Manchester University. She returned to duty on the 28th September, and her absence is reflected in the reduced number of visits by social workers.

In 1963 more children were seen at Corsham Centre and fewer at Trowbridge Centre as they were diverted there whilst the Trowbridge Clinic was being rebuilt. The new Trowbridge Centre was opened in November, 1964 and the numbers attending Corsham decreased accordingly. Following the opening of the new clinic at Chippenham a Child Guidance Centre was commenced there on the 6th July; previously children from this area attended at Corsham.

Case Load

In 1964, 313 children referred to the child guidance centres were seen by the psychiatrists and educational psychologists at the respective centres. When possible the homes were previously visited by the social workers.

	1964	1963	1962	1961	1960
Number of initial interviews with children and parents ...	313	321	304	259	268
Number of children seen as a consultation only ...	22	24	20	—	—
Number of children seen regularly by psychiatrists ...	613	609	564	551	504
Number of children discharged by psychiatrists ...	170	210	246	230	184
Total number of therapeutic interviews with children and parents by psychiatrists ...	1,599	1,405	1,371	1,213	1,036
Number of visits by social workers ...	732	1,206	1,199	592	407

Number of children awaiting appointments at the end of 1964: 51

Waiting time for first appointment at the end of 1964: 2 months

The distribution of the 313 new cases for 1964 between the centres was as follows:—

	1964	1963	1962	1961	1960
Trowbridge ...	60	52	69	69	71
Salisbury ...	71	70	83	65	52
Swindon ...	110	124	117	103	133
Corsham ...	37	66	26	13	12
Marlborough ...	8	9	9	9	—
Chippenham (from 6.7.64)	27				

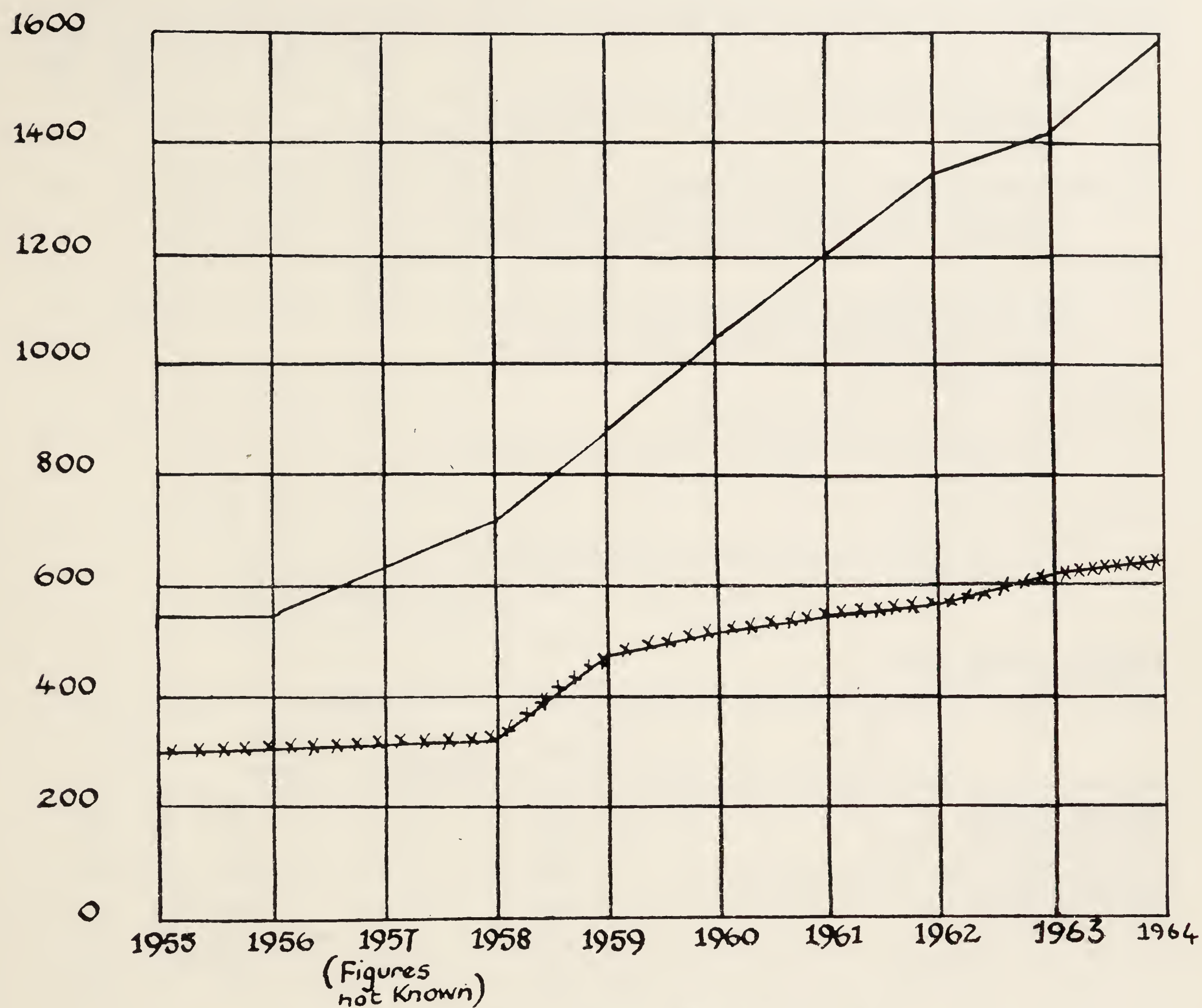
New Cases

The 313 children were referred in the first instance by:—

	1964	1963	1962	1961	1960
School medical officers ...	93	91	85	92	60
Chief Education Officer ...	10	8	6	10	4
Children's Officer ...	4	9	7	4	10
Head teachers ...	22	29	18	11	15
Parents ...	20	25	22	14	10
General medical practitioners ...	74	56	72	61	64
Probation officers ...	7	11	8	6	5
Medical specialists ...	6	3	15	12	23
Juvenile court ...	8	8	6	—	1
Swindon Borough School Medical Officer ...	69	81	65	49	76

(including other sources of reference in Swindon as listed above)

Attendances at Child Guidance Clinics



x x x x x No. children attending child
 guidance clinics
 ————— No. attendances at child guidance
 clinics

Children's Problems

The problems for which the 313 children were referred are summarised under the following classifications:—

	1964	1963	1962	1961	1960
(1) Nervous Disorders (e.g. fear, seclusiveness, depression, excitability or obsessions)	32	37	54	26	51
(2) Habit Disorders and Physical Symptoms (e.g. speech, sleep, movement, feeding and excretory disorders, nervous pains, fits)	88	103	80	77	88
(3) Behaviour Disorders (e.g. unmanageable temper, aggressiveness, jealousy, demanding attention, stealing, lying, truancy, sex difficulties)	147	121	99	104	94
(4) Educational and Vocational Difficulties (e.g. backwardness, inability to concentrate, special disabilities)	33	42	51	45	26
(5) Special Examination (e.g. educational advice, vocational guidance, court examination)	13	18	20	7	9

Analysis of Closed Cases

	Improved	Unchanged		Total
		Treatment unsuccessful	Other reasons	
Ascertained as E.S.N.	— (—)	— (—)	7 (4)	7 (4)
Treatment completed	121 (127)	— (—)	4 (1)	125 (128)
Recommended special education	1 (—)	— (1)	— (4)	1 (5)
Left school, removed from district, and/or referred to other agencies	2 (14)	— (3)	14 (31)	16 (48)
Closed at parents' request	4 (6)	1 (1)	5 (—)	10 (7)
Non-co-operation of parents	1 (10)	3 (3)	7 (5)	11 (18)
TOTALS	129 (157)	4 (8)	37 (45)	170 (210)

The figures in brackets relate to 1963

TREATMENT OF NOCTURNAL ENURESIS

Clinics for the treatment of nocturnal enuresis with the bell apparatus continued at Trowbridge, Corsham and Salisbury. The demand for this service continues to rise and there were more patients awaiting appointments at the end of 1964 than at the beginning in spite of a substantial increase in treatment provided during the year. Increased provision has been made for 1965.

The number of children who received treatment during the year and the results were as follows:—

Under treatment at the beginning of 1964	...	...	...	...	15	(12)
Commenced treatment during the year	...	...	...	...	72	(47)
Removed from the County before treatment completed	...	...	...	...	2	(3)
Under treatment at the end of the year	...	...	...	...	25	(15)
Completed first course of treatment during the year	...	...	...	...	60	(41)

(The figures in brackets are for 1963)

The results of the treatment of the children who completed the first course were as follows:—

						1964	1963
Treatment successful	...	...	...	...	...	46 (76.7%)	22 (54%)
Improved but not completely cured	...	...	...	...	...	3 (5%)	9 (22%)

Treatment not successful:—

Too immature—awaiting further trial	...	...	2
Parents or children unco-operative	...	...	4
Apparatus failed to wake child	...	...	3*
Referred to child guidance	...	...	1
Mother died, treatment suspended	...	...	1*
			—
		11 (18.3%)	10 (24%)
		60	41

*Will be considered for a further treatment if necessary later.

								1964	1963
Awaiting appointments on 31st December:—									
Corsham	...	...	...	...	...	...	...	8	10
Salisbury	...	...	...	...	...	...	...	37	34
Trowbridge	...	...	...	...	...	...	...	23	18
								—	—
								68	62
								—	—

The 22 children who were dry after a first course of treatment in 1963 were reviewed after six months. Six of these children had relapsed. Two received treatment again and were cured, three received treatment again but it was not completely successful and one had improved before he could be offered an appointment.

Speech Therapy

The main problem continues to be one of securing staff. A slight improvement, largely due to the services of part-time staff, however, enabled clinics at Corsham, Chippenham, Malmesbury, Trowbridge, Bradford-on-Avon and Melksham to be re-opened and visits resumed to Burton Hill House for physically handicapped children. However, the Marlborough and Swindon Clinics had to be closed in April. In spite of vacancies for two speech therapists it was possible to maintain a service throughout the year over most of the County.

The following tables show the number of new cases referred during the year for speech therapy and their disposal, and children treated.

Children referred for speech therapy and disposal

	Corsham	Chippenham	Rowdford	Malmesbury	Trowbridge	Bradford	Burton Hill House	Calne	Odstock Spastic Unit	Salisbury	Warminster	Mere	Westbury	Amesbury	Devizes	Marlborough	Melksham	Swindon	Sherston	Lyneham	Allington	Total
Children referred in 1964 ...	15	52	—	6	9	5	8	4	2	29	11	1	6	16	16	6	7	24	—	—	12	229
Accepted for treatment or observation ...	13	50	—	5	8	2	8	4	2	27	8	1	5	15	15	6	7	24	—	—	9	209
Treatment refused or found to be unnecessary ...	2	2	—	1	1	3	—	—	—	2	3	—	1	1	1	—	—	—	—	—	3	20
New patients awaiting appointments on 31.12.64 ...	9	54	—	7	3	1	—	15	—	16	3	6	3	5	1	12	7	35	—	—	—	177
Children previously receiving treatment at closed clinics awaiting further appointments on 31.12.64 ...	—	—	—	—	—	—	—	7	—	—	—	9	—	—	—	15	—	29	—	—	—	60

Children treated

	Corsham	Chippenham	Malmesbury	Trowbridge	Bradford	Burton Hill House	Calne	Odstock Spastic Unit	Salisbury	Warminster	Mere	Westbury	Amesbury	Devizes	Marlborough	Melksham	Swindon	Sherston	Lyneham	Allington	Total
Under treatment or observation at beginning of year ...	19	37	17	24	3	—		6	50	7		7	14	21	16	18	34			6	279
Attending first time in 1964 ...	9	16		6	4	8		2	29	16		3	20	17	3	3	2			12	155
Discharged during 1964 ...	18	19		20	4	1		3	18	9		5	14	2	1	13	3			4	146
Still under treatment or observation, 31.12.64 ...	10	34		10	3	7		5	61	14		5	20	36	18	8	33			14	288
DIAGNOSIS—																					
Dyslalia	23	38		20	5	3	CLOSED	3	63	18	CLOSED	4	26	31	12	17	26	CLOSED	CLOSED	10	315
Stammer	5	7		5	2	—		—	7	2		3	3	2	5	1	6			5	55
Dyslalia and Stammer ...	—	—		—	—	—		—	3	—		2	2	—	—	—	2			—	9
Alalia	—	1		1	—	—		1	2	—		1	—	—	—	1	—			1	9
Spastic	—	—		—	—	—		3	1	—		—	—	—	—	—	—			—	4
Cleft Palate	—	2		—	—	—		—	—	1		—	2	1	2	2	1			—	12
Partially Deaf	—	2		—	—	1		—	—	—		—	—	—	—	—	—			1	4
Others	—	3		4	—	4		1	3	2		—	1	4	—	—	1			1	26

N.B.—*Alalia*: Absence of articulation and language in children.

Dyslalia: Defects of articulation or slow development of articulatory patterns, including substitutions, distortions, omissions and transpositions of the sounds of speech.

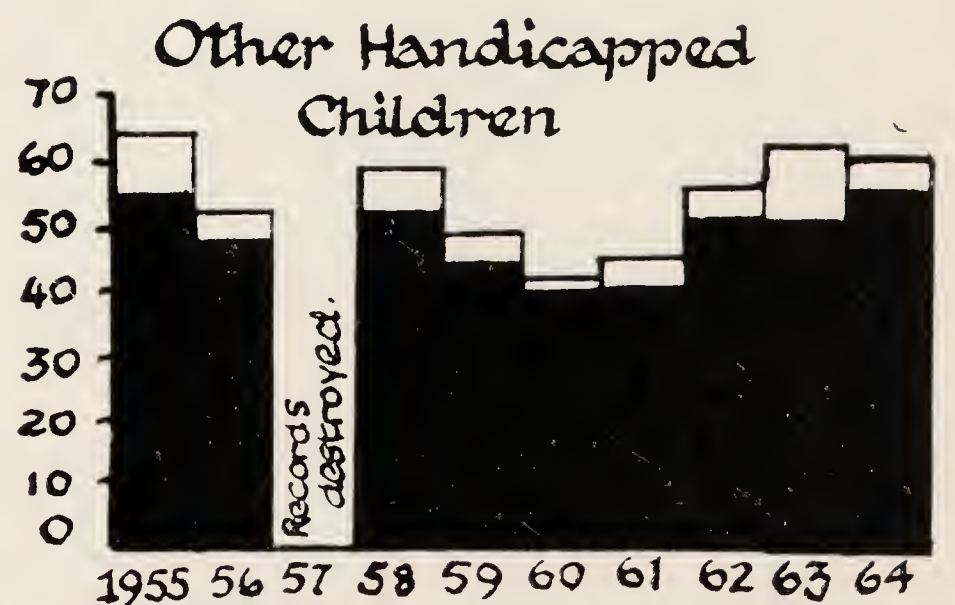
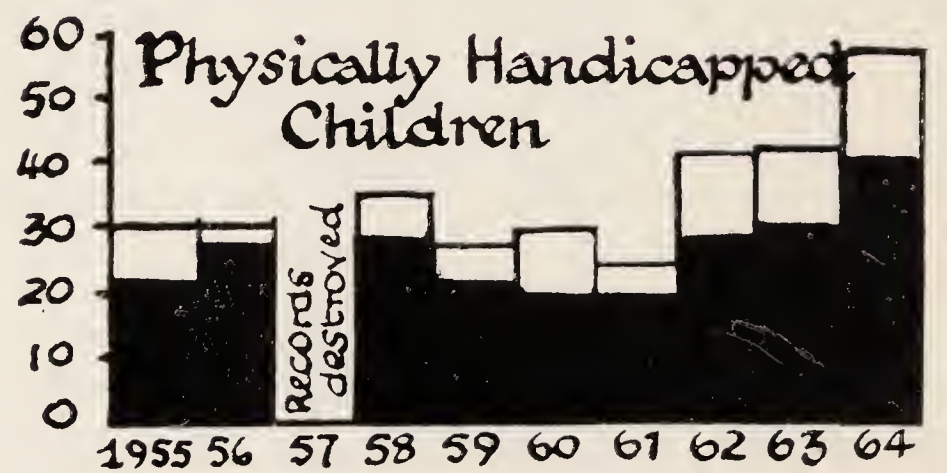
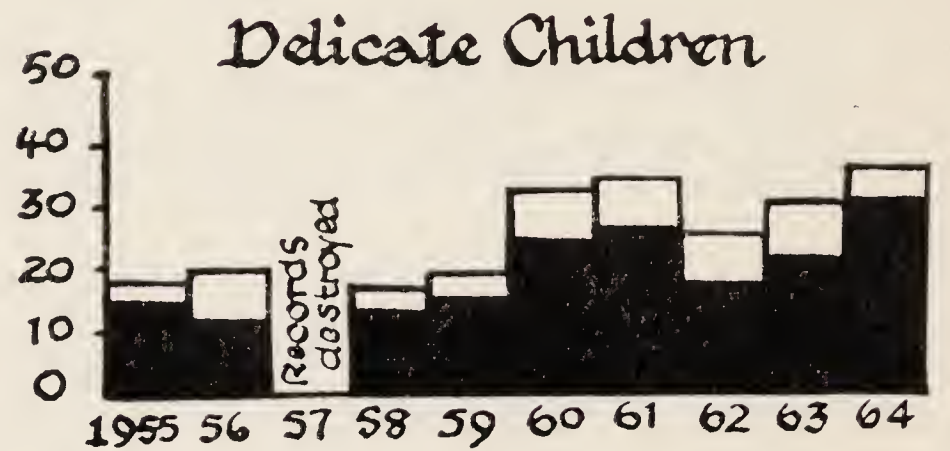
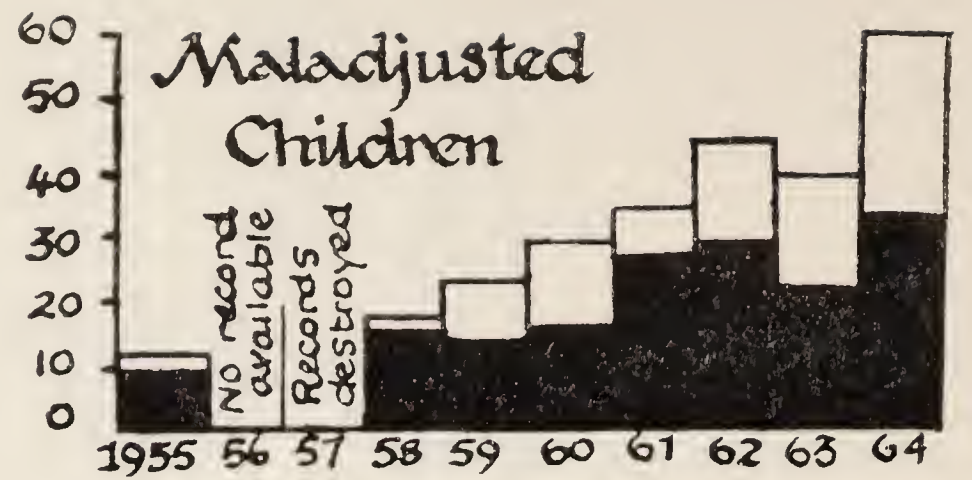
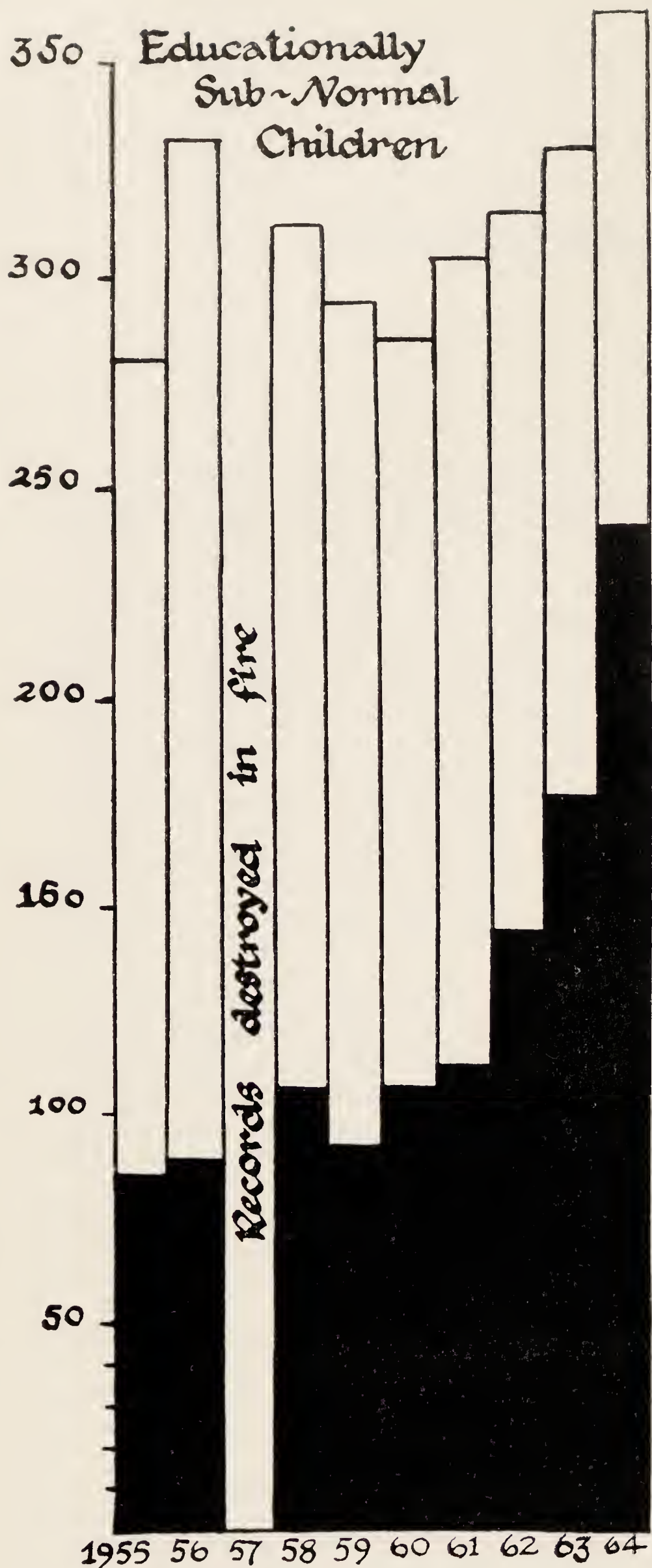
Handicapped Children

The graph on page 35 shows the position with regard to educationally sub-normal children. The waiting list for admission to special schools has again decreased as a result of the opening of the Rowdeford Special School for Girls and the additional places at the Allington Special School for Boys.

However, there is reason to think there are many educationally sub-normal children in the County who have not been ascertained as needing special educational treatment. Eighty-seven children were ascertained during the year as requiring education at special schools, as opposed to 68 and 67 during the previous two years, and educationally sub-normal children continue to be discovered late in their school life when special educational treatment earlier might have enabled them to make more progress. This is probably due to the reluctance of parents and some teachers to give up the hope that these children will make sudden progress, so that they do not put the children forward for examination. Medical investigation may discover a physical cause for the failure to progress normally which can be cured or alleviated by treatment and intelligence testing can help to show whether a child's progress is appropriate to his innate mental ability. Sometimes there is an emotional cause for the backwardness and treatment at the child guidance centre may help. For all these reasons it is important that every backward child should have the opportunity of investigation early in his school life. With this in mind it is hoped to introduce in 1965 screening tests for all children aged seven.

Placing maladjusted children in special schools remains a problem. The diagram on page 34 shows that the number of children in the County known to be maladjusted has increased by almost five times in ten years. Probably this is at least partly due to increased awareness of emotional problems in children and greater resort to the child guidance service. It is therefore all the more regrettable that special school places recommended as a result often cannot be found. Children are placed in schools often many miles from Wiltshire, a high proportion of them in independent schools which are able to take some maladjusted children and which enquiries have suggested are satisfactory for this purpose. In spite of this, the number of children unplaced at the end of the year was nearly as great as those in special schools. Some of these children cause disruption in their homes and schools while the hopes entertained by their parents when they sought advice from the child guidance centre gradually disappear and the possibility of bringing about a satisfactory improvement in the children before they leave school decreases. There is an urgent need for a special school in Wiltshire for maladjusted boys of secondary school age. If approval can be obtained from the Department of Education and Science there is a possibility that one may become available in about three years' time but by then the problem is likely to be even worse.

There is also a problem in placing physically handicapped children and the schools available are too far from Wiltshire, many being in the south-east of England or in the Midlands. Most of these children have permanent disabilities and have to spend their whole school lives in residential schools. Some have a reduced expectation of life. Unless the schools are within reasonable travelling distance of their homes there can be no contact between the parents and the children except in the holidays. The Education Committee accepted in September 1963 that there was a need for a school for physically handicapped pupils in Wiltshire and there have been discussions with representatives of the Department of Education and Science. However their agreement, in principle, to the proposal has not yet been obtained.

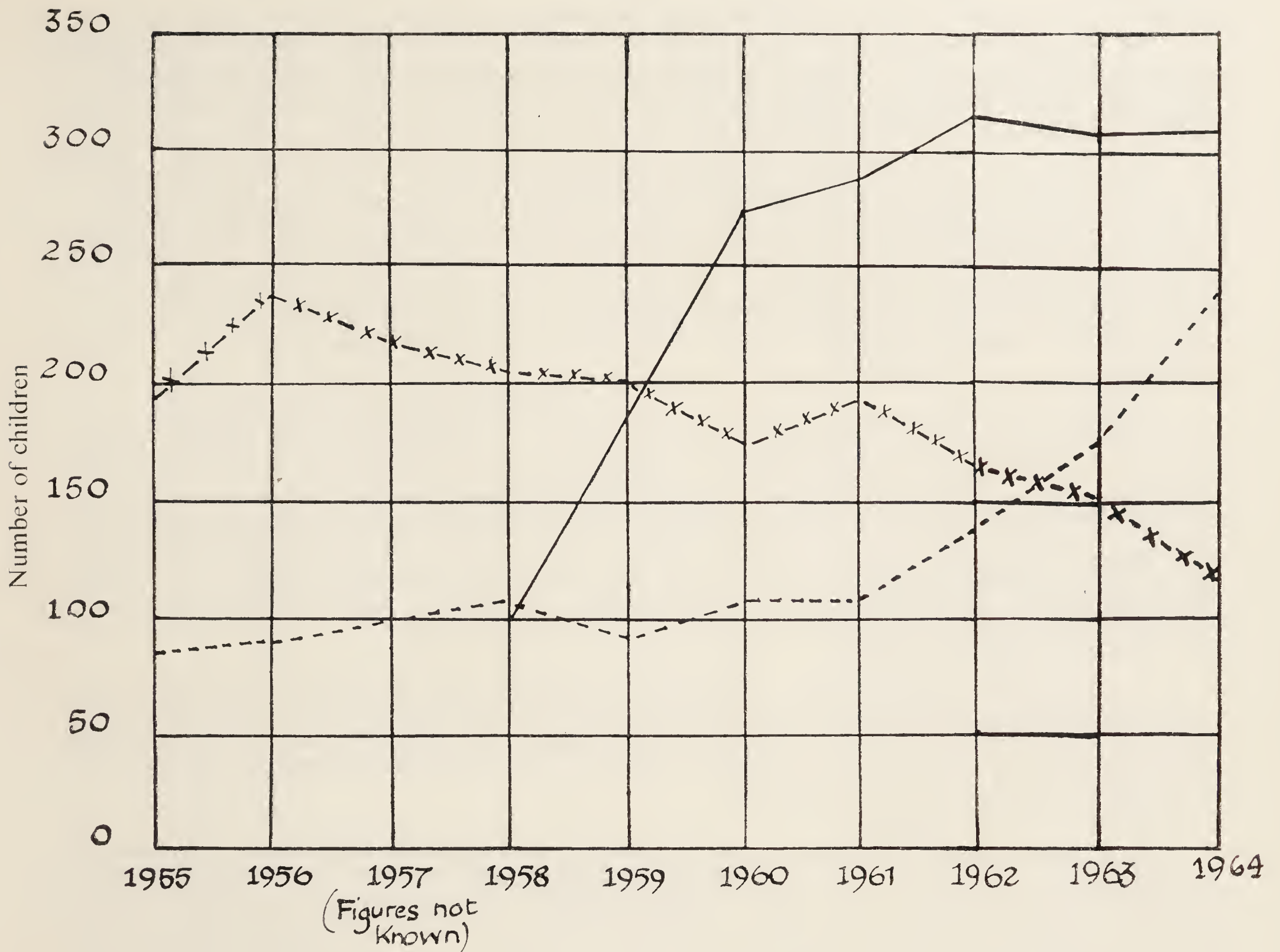


□ No: awaiting admission to special schools

■ No: attending special schools

Whole column denotes number requiring education in special schools

**EDUCATIONALLY SUB-NORMAL CHILDREN
REQUIRING SPECIAL EDUCATIONAL TREATMENT
AND IN SPECIAL SCHOOLS**



--- In special schools.

x-x-x Awaiting admission to special schools.

— For special educational treatment in ordinary schools.

Notes: No figures for 1957 available because of destruction of records by fire at County Hall.

Figures for children recommended for special educational treatment in ordinary schools are not available before 1958.

Dental Examination and Treatment

THE REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, D. MIDDLETON, L.D.S.

The staffing position steadily improved until the Autumn and we were actually, with the help of one part-time officer, within 15 of our establishment of dental officers (15); something which has not been achieved for many years. Unfortunately this improvement was not maintained and at the end of the year we were two dental officers short.

There are still too few younger graduates applying for vacancies. I think, even more than the disparity of the commencing salary scale with that obtainable in the general dental service, the lack of a satisfactory career ladder on clinical ability alone is a serious handicap to recruitment. At present, apart from orthodontics, the only promotion prospect in the school dental service carries with it an increasing administrative responsibility. I think there is room in the service for specialists in oral, endodontic and crown and bridge work surgery, and this would open the field for promotion on clinical ability. Probably some of the smaller education authorities would have to share this type of specialist.

Two new purpose built dental clinics at Trowbridge and Melksham have been opened during the year. The dental suite at Trowbridge has two surgeries and that at Melksham one surgery. It is the first time a dental clinic has been available at Melksham and its opening last July has been much appreciated by staff, parents and teachers. Also, in September premises which had been converted into a small dental clinic was opened at Calne. Here again this is the first time we have been able to provide satisfactory dental surgery accommodation in Calne. This completes the purpose built dental clinics for the larger populated areas, but I hope that it will not be long before similar facilities are provided for the smaller areas of population where we are either using mobile clinics, converted premises or portable equipment set up in medical inspection rooms or hired rooms.

A mobile dental clinic has been ordered for the Marlborough and Devizes rural areas. This caravan will improve considerably the working conditions of the dental staff responsible for the area. There are forty-five schools alone in this area with less than 100 pupils, and in the past it has always been difficult to find suitable accommodation in which to set up the portable dental equipment. This caravan will bring the dental fleet up to five.

The increase of staff and the improvement to working conditions is reflected in the greater amount of dental work undertaken during the year. This in spite of an abnormal amount of absenteeism equivalent to one full time dental officer during the year. The ratio of permanent teeth saved to extracted continues the welcome upward trend which has been apparent these last few years, (in 1964 for every permanent tooth extracted seven were filled; in 1963 the ratio was one to six). This ratio is improved still further when it is realised that some four hundred of these permanent teeth would not have been extracted but for the correction of tooth irregularity. School examinations reveal that an increasing number of secondary school aged children are receiving regular dental treatment and the neglected mouths are no longer so frequently seen. However, this is not so obvious in the junior schools and indeed the five year old entrants still reveal a disturbing amount of dental neglect as the number of deciduous teeth which have been extracted reveal.

The demand for orthodontic treatment continues to grow as it becomes more apparent to parents what can be done to correct malaligned teeth in children.

Dental health education has been carried on continually throughout the year. Talks, films and demonstrations have been given to school children by the dental officers, dental auxiliaries and health visitors.

Dental officer and dental auxiliary appointments during the year have been as follows:

Mr. Taylor-Milton, Area Dental Officer, Salisbury Area.

Mr. Ashby, Dental Officer, Marlborough Area.

Mr. McGowan, Dental Officer, Chippenham Area.

Miss Drabble, Dental Auxiliary, Chippenham Area.

Miss Goddard, Dental Auxiliary, Trowbridge Area.

The Area Dental Officer and the two dental auxiliary appointments were additions to the establishment.

I regret to have to record the death of Mr. Humphreys in October. It brought a sad end to the year. He had been a school dental officer for seventeen years in the Corsham area. By his ability and charm of manner he made his dental sessions ones to which the children were always happy to come. He will be sadly missed by all his colleagues, children, parents and teachers.

Finally I should like to thank all members of the dental staff for their continued support, and the teachers for their willing co-operation over appointments and school dental examinations.

Dental and Orthodontic work

Number of pupils inspected by the Authority's Dental Officers:—

(a) At Periodic Inspections	...	...	...	...	19,825	}	Total	22,055
(b) As Specials	...	...	...	...	2,230			
Number found to require treatment	...	...	...	...	...			12,899
Number offered treatment	...	...	...	...	...			12,027
Number actually treated	...	...	...	...	...			8,068

Dental work (other than orthodontics)

Number of attendances made by pupils for treatment ... 26,948

Half-days devoted to:

(a) Periodic (School) Inspection	...	...	...	...	244	}	Total	4,760
(b) Treatment	...	...	...	...	4,516			

Fillings:

(a) Permanent Teeth	...	...	...	...	16,548	}	Total	22,333
(b) Temporary Teeth	...	...	...	...	5,785			

Number of Teeth filled:

(a) Permanent Teeth	...	...	...	...	14,734	}	Total	19,968
(b) Temporary Teeth	...	...	...	...	5,234			

Extractions:

(a) Permanent Teeth	...	...	...	...	2,069	}	Total	7,828
(b) Temporary Teeth	...	...	...	...	5,759			

Administration of general anaesthetics for extraction ... 1,271

Number of pupils supplied with artificial teeth ... 62

Other operations:

(a) Crowns	...	...	...	...	35	}	Total	9,652
(b) Inlays	...	...	...	...	5			
(c) Other Treatment	...	...	...	...	9,612			

Orthodontics

Half-days devoted to orthodontic treatment	...	...	...	...	...	...	851
Cases commenced during the year	...	...	...	...	...	...	362
Cases brought forward from previous year	...	...	...	...	...	...	781
Cases completed during the year	...	...	...	...	...	...	153
Cases discontinued during the year	...	...	...	...	...	...	55
Pupils treated by means of appliances	...	...	...	...	...	...	704
Removable appliances fitted	...	...	...	...	...	...	743
Fixed appliances fitted	...	...	...	...	...	...	22
Total attendances	...	...	...	...	...	...	7,848

Prevention and Control of Disease in Schools

SCHOOL PREMISES

The inspection of school premises by school medical officers and the County Public Health Inspector was continued throughout the year. The general progress in providing better school buildings for primary education is regrettably slow. Many of the primary schools, specially those in villages, were built nearly a hundred years ago and were designed to meet health standards very different from those of today. In spite of much minor improvement too many remain unsuitable for modern purposes. Primary school buildings, in which are more than half the school children, should by example further the aims of healthy living, and the teaching of good personal hygiene. At present, with improvements in the standards of houses, shops and public buildings the school must for many children be one of the least health educational buildings they enter.

Not only is replacement of old primary schools delayed but year after year the proposals for minor capital works have to be postponed because the Department of Education and Science does not allocate sufficient money.

Water closets are only one aspect of the problem, but eight schools were provided with them during the year. Three schools are expected to close during 1965, and the following shows the position at the end of 1964 with regard to the 19 schools still without water closets.

Work in hand or scheme prepared	...	...	...	...	...	12
School to be replaced or future uncertain	...	...	...	...	...	3
Conversion not possible at present	...	...	...	...	...	3
No action yet (aided school)	...	...	...	...	...	1

SCHOOL MEALS HYGIENE

The inspection of school meals premises was continued during the year in an endeavour to ensure that the premises and methods conformed with the standard required by the Food Hygiene Regulations. Defects and deficiencies found were reported to the Chief Education Officer.

The Chief Education Officer has kindly provided the following details concerning school meals:

Number of children supplied with meals	...	...	...	29,246
Number of children supplied with free meals	...	...	...	1,684
Percentage of school population supplied with meals	...	...	...	60.2%

SCHOOL MILK

School milk suppliers are supervised by the County Public Health Inspector, including sources of supply, sampling, and investigation of complaints.

I am indebted to the Chief Education Officer for supplying the following information concerning the consumption of school milk:—

Number of school children drinking milk on an average day in September

	<i>No. of Children</i>	<i>Percentage of Children</i>
Pasteurised Milk 	36,210	100% of those taking milk

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Mass Radiography of School Staffs

Teachers and school meals staffs are encouraged to have miniature chest x-rays on every occasion that a mass radiography unit is in the area. Unfortunately, the mass radiography units are unable to visit every centre in the County each year and there was very little opportunity for school staffs to have x-rays in 1964. On an average it takes about three years for the whole County to be covered in this way and it is anticipated there will be more visits of units in 1965.

In 1964, 468 or 11.3% of the teaching and school meals staffs in the County were able to be invited to have chest x-rays and of these 264 (55.2%) attended.

B.C.G. Immunisation

The number of school children who received B.C.G. immunisation against tuberculosis was 2,225. Further details under this heading are given in my report as Medical Officer of Health.

INFECTIOUS DISEASES IN SCHOOLS

The following is a summary of information received from head teachers during the year about children suffering from infectious illnesses:—

Disease	Number of cases	Number of schools involved	Time of year in which most cases occurred
Mumps	1,686	108	January, February, March, April
Chicken Pox	793	78	January, March, May, June, November
Measles	661	51	January, July, November
Whooping Cough ...	86	37	April to October
German Measles ...	66	27	February, June, July
Scarlet Fever	57	23	November
Conjunctivitis } ...	20	8	
Pink Eye } ...			
*Sonne Dysentery ...	29	4	April
Vomiting and Diarrhoea	64	7	January, April, September

*The cases of dysentery were investigated with the district medical officers of health and children found to be infected bacteriologically were excluded from school until negative bacteriological results had been obtained. Head teachers were asked to ensure that the children paid particular attention to hand washing followed by rinsing in a suitable disinfectant solution (benzalkonium chloride) and using the paper towels provided.

It was not possible to identify the precise cause of the outbreaks of vomiting and diarrhoea but it was assumed that at least some of these were due to an unidentifiable infective agent.

Excepted District of Swindon

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE
BOROUGH OF SWINDON

Report of the Principal Borough School Medical Officer, 1964

The number of pupils on school registers at 31st December, 1964, was 18,926. 6 new schools were opened during 1964, providing 2,330 places and a further 3 schools were under construction.

The general health of school children was excellent. The total number of routine medical examinations carried out in 1964 was 4,215 compared with 5,019 in 1963. This reduction was due to the elimination of the "back log" of examinations held over from previous years, owing to staff shortages. The number of "other inspections" rose from 971 to 1,676 and the number of medical examinations of Education Department Staff increased from 177 to 234.

The ascertainment and assessment of pupils for the provision of suitable special schooling continued to play an important part in the work of the school medical officers. Unfortunately (owing to the length of waiting lists) there is often a long delay in obtaining places at special schools. This situation is common to most local authorities and is not likely to improve until more special school places and specialist staff become available. At the Central School, 20 additional places for educationally sub-normal children became available during the year bringing the total number of places to 120. At the year's end, however, 32 children were still awaiting places at a day school for educationally sub-normal pupils.

Co-operation with head teachers and school staff and with other branches of the health service—general practitioners, the hospitals and Child Guidance Clinics—was again maintained at the highest possible level, and assisted materially in the completion of a very full year's programme.

JAMES URQUHART,

Principal Borough School Medical Officer.

Empire House,
Clarence Street,
Swindon.

MEDICAL INSPECTION AND TREATMENT**Return for the Year Ended the 31st December, 1964**

Number of pupils on registers of maintained primary and secondary schools (including special schools) as at 31st December, 1964—18,926.

Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Special Schools)

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number of Pupils inspected	Satisfactory Condition of Pupils inspected	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
			For defective vision (excluding squint)	For any other condition recorded	Total Individual Pupils
1960 and later	—	—	—	—	—
1959	88	88	8	12	19
1958	1,163	1,162	50	175	190
1957	232	231	18	46	44
1956	53	53	4	13	14
1955	15	15	1	3	2
1954	987	986	45	117	133
1953	469	469	25	56	67
1952	27	27	1	3	4
1951	16	16	—	2	2
1950	19	19	—	2	2
1949 and earlier	1,146	1,146	70	56	107
TOTAL	4,215	4,212	222	485	584
1963	(5,019)	(5,014)	(287)	(834)	(944)

Defects Found by Medical Inspections During the Year—Periodic Inspections

All defects, including defects of pupils at Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

T=Defect considered to require treatment.

O=Defect considered to require observations.

Defect or Disease								Periodic Inspection			Total
								Entrants	Leavers	Others	
Skin	...	...	...	...	...	...	T	11	8	43	62
							O	20	21	31	72
Eyes:	(a) Vision	...	...	...	...	...	T	76	65	81	222
							O	81	35	54	170
	(b) Squint	...	...	...	...	...	T	26	3	14	43
							O	9	2	9	20
	(c) Other	...	...	...	...	...	T	2	—	2	4
							O	2	3	3	8
Ears:	(a) Hearing	...	...	...	...	...	T	34	3	5	42
							O	38	2	17	57
	(b) Otitis Media	...	...	...	...	...	T	13	1	3	17
							O	18	4	2	24
	(c) Other	...	...	...	...	...	T	2	1	—	3
							O	1	—	1	2
Nose and Throat	...	...	...	...	...	...	T	46	4	14	64
							O	74	4	19	97
Speech	...	...	...	...	...	...	T	13	1	4	18
							O	13	1	7	21
Lymphatic Glands	...	...	...	...	...	...	T	2	—	2	4
							O	35	1	5	41
Heart	...	...	...	...	...	...	T	3	9	5	17
							O	24	15	36	75
Lungs	...	...	...	...	...	...	T	14	1	5	20
							O	28	22	31	81
Developmental:	(a) Hernia	...	...	...	...	...	T	5	—	2	7
							O	4	—	5	9
	(b) Other	...	...	...	...	...	T	1	—	12	13
							O	32	10	47	89

Defect or Disease							Periodic Inspection			Total
							Entrants	Leavers	Others	
Orthopaedic:	(a) Posture	...	...	...	T	O	11	1	14	26
							7	8	6	21
	(b) Feet	...	...	...	T	O	33	10	37	80
							19	11	22	52
	(c) Other	...	...	...	T	O	3	5	4	12
							11	19	11	41
Nervous System:	(a) Epilepsy	...	...	...	T	O	3	3	4	10
							4	3	27	34
	(b) Other	...	...	...	T	O	2	—	2	4
							9	2	38	49
Psychological:	(a) Development	...	...	...	T	O	4	—	6	10
							7	1	41	49
	(b) Stability	...	...	...	T	O	13	—	7	20
							80	45	110	235
Abdomen	...	...	...	...	T	O	1	—	2	3
							9	—	14	23
Other	...	...	...	...	T	O	—	—	6	6
							12	1	9	22

OTHER INSPECTIONS

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher, or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

				1963
Number of Special Inspections	...	...	1,004	(565)
Number of re-inspections	...	...	672	(406)
			<hr/>	<hr/>
TOTAL	...	...	1,676	(971)

SPECIAL INSPECTIONS

All defects, including defects of pupils at Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

[illegible]

INFESTATION WITH VERMIN

Notes:—

All cases of infestation, however slight, are included. The numbers recorded at (b), (c), and (d) relate to individual pupils, and not to instances of infestation.

		(1963)
(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	18,382	(22,094)
(b) Total number of individual pupils found to be infested ...	214	(333)
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	16	(21)
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	Nil	(Nil)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

		<i>Number of cases known to have been dealt with</i>
		(1963)
External and other, excluding errors of refraction and squint ...	64	(102)
Errors of refraction (including squint)	1,020	(1,016)
TOTAL	1,084	(1,118)
Number of pupils for whom spectacles were prescribed ...	543	(699)

SPEECH THERAPY

		<i>Number of cases known to have been treated</i>
		(1963)
Pupils treated by Hospital Speech Therapist	18	(20)
Pupils treated by Education Department Speech Therapist ...	139	(106)

During the year we had the services of a Speech Therapist for five half-days per week. In spite of repeated advertisements, we were unable to recruit a full time Speech Therapist. It was thought that it might induce candidates to apply for the post if it was shared equally between the Local Authority and the Hospital Management Committee, but here again we were unsuccessful in obtaining a candidate.

Children are referred to the Speech Therapist by School Medical Officers on the recommendation of the family doctor, education psychologist or teacher.

During the year 139 children received treatment and made 954 attendances for it. 79 children were discharged as being no longer in need of treatment and at the end of the year 123 children were on the register.

In addition, 18 Swindon School children received treatment from the hospital Speech Therapist.

OTHER TREATMENT GIVEN

						<i>Number of cases known to have been dealt with</i>	
							(1963)
(a) Pupils with minor ailments	...	...	...	...	624		(482)
(b) Pupils who received B.C.G. Vaccination	...	...	...	...	914		(885)
No. of cases referred to the E.N.T. Consultant	...	...	...	...	60		(64)
No of cases referred to the Paediatrician	...	...	...	...	31		(21)
No. of cases referred to the Orthopaedic Consultant	...	...	...	...	16		(16)
No. of cases referred to the Dermatologist	...	...	...	...	9		(13)
No. of cases referred to the Surgical Specialist	...	...	...	...	18		(9)
Visiting of schools and homes by Health Visitors:—							
Number of schools inspected	...	...	...	...	84		(92)
Number of children inspected	...	...	...	...	18,382		(22,094)
Number of children found to be unclean	...	...	...	...	214		(333)
Number of visits to homes in connection with uncleanliness	...	...	...	...	122		(243)

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

						<i>Number of cases known to have been dealt with</i>	
Received operative treatment:—							(1963)
(a)	for diseases of the ear	...	...	...	...	16	(24)
(b)	for adenoids and chronic tonsillitis	...	...	...	...	295	(243)
(c)	for other nose and throat conditions	...	...	...	...	24	(14)
Received other forms of treatment		...	...	...	...	—	(4)
					TOTAL	...	335
						—	—
						335	(285)

REMEDIAL EXERCISES

						<i>Number of cases known to have been treated</i>	
Pupils treated at school for postural defects						...	...
						131	(52)
					TOTAL	...	131
						—	—
						131	(52)

During 1964, instruction and supervision in remedial exercises has been given to 552 children who have been referred by the Principal School Medical Officer to the Remedial Gymnast. 280 of these children discontinued as no longer requiring treatment. The remainder who are at present being attended to fall into the following categories:—

				<i>Discharged 1964</i>			
Foot Defects	...	166		Foot Defects	...	178	
Postural Defects	...	54		Postural Defects	...	77	
Chest Defects	...	57		Chest Defects	...	41	
Other Defects	...	3		Other Defects	...	5	

In order to maintain the programme of weekly visits with only one Remedial Gymnast available, it is necessary for some schools to miss one term of supervised treatment per year.

DISEASES OF THE SKIN

									<i>Number of cases known to have been treated at school clinics (1963)</i>	
Ringworm	(a) Scalp	...	...	...	...	...	...	—	—
	(b) Body	...	...	...	...	...	...	6	(2)	
Scabies	...	...	...	...	...	...	...	7	(7)	
Impetigo	...	...	...	...	...	...	...	6	(3)	
Other skin diseases	...	...	...	...	...	...	...	407	(274)	
TOTAL								426	(286)	

The total number of skin conditions seen, rose from 286 in 1963 to 426 in 1964. The increase was chiefly in the number of minor abrasions and non-specific rashes. The numbers of plantar warts and cases of "athletes foot" did not increase during 1964.

HANDICAPPED PUPILS

The number of handicapped pupils in Swindon found to be in need of special educational treatment during 1964 was 84. These pupils were handicapped as follows:

									<i>(1963)</i>	
Blind	...	...	...	...	...	...	...	1	—	
Partially Sighted	...	...	...	...	...	...	...	1	—	
Deaf or Partial Hearing	...	...	...	...	...	...	...	2	(2)	
Educationally sub-normal										
For Home Teaching	...	...	...	...	...	...	...	1	(1)	
For Special Schools	...	...	...	...	...	...	...	27	(33)	
For Special Educational Treatment at ordinary school	...	...	...	...	...	...	...	27	(33)	
Maladjusted	...	...	...	...	...	...	...	10	(9)	
Physically Handicapped suitable for Spastic Unit	...	...	...	...	...	...	...	2	(2)	
Unsuitable for education at school	...	...	...	...	...	...	...	10	(4)	
Epileptic	...	...	...	...	...	...	...	1	—	
Physically Handicapped for Home Teaching	...	...	...	...	...	...	...	2	(1)	
Speech	...	...	...	...	...	...	...	—	(1)	
Delicate and Physically Handicapped	...	...	...	...	...	...	...	—	(1)	
Delicate for Home teaching	...	...	...	...	...	...	...	—	(1)	
TOTAL								84	(88)	

Number of Swindon pupils attending special schools at 31st December, 1964	112
Number of Swindon pupils placed in residential special schools or hostels in 1964	11
Number of Swindon pupils awaiting places in residential special schools or hostels at 31st December, 1964	10
Number of handicapped pupils attending the Central School (including 27 Wilts County Council and 4 Berkshire County Council pupils)	120

Unit for Partially Hearing pupils—Clarence Street School

Number of pupils attending (including 3 Wilts County Council and 2 Berkshire County Council pupils)	7
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Attendance at this Unit will fluctuate from term to term. The factors affecting attendance will be:—

1. The number of partially hearing children approaching entry age.
2. Transfers in of partially hearing children from other districts.
3. Transfers out of children who can be integrated with normally hearing classes.
4. Transfers out to secondary schools for partially hearing children.
5. Transfers out of children who leave the district.

At 31st December, 1964, of the 7 children attending, all 7 were in one class.

Spastic Paralysis Unit—Princess Margaret Hospital

During 1964, 3 pupils were admitted to the unit. 11 children whose ages range from 6–16 years attend for education and physiotherapy.

For most of 1964, the unit consisted of 11 pupils. This number placed severe demands on the staff and on the limited accommodation available. I feel that consideration will have to be given to enlarging the scope of the unit to accommodate physically handicapped children, other than spastics. If suitable accommodation cannot be made available at the hospital, then an alternative site will have to be sought.

AUDIOMETRY

The audiometrician attends Swindon one day per week to test the hearing of children in Infants schools.

During 1964, 1,599 pupils were tested and 20 pupils were considered to have sub-normal hearing and were referred to the E.N.T. Consultant for further advice.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13–14 years age group against tuberculosis continued during 1964.

All children were given a preliminary skin test to see whether vaccination was necessary. By this means, some 17% were found to have acquired some protection against tuberculosis and therefore did not require vaccination.

							(1963)
Number of 13 year old children skin tested	...	...	...	...	1,106		(1,064)
Number of negative re-actors (i.e. requiring B.C.G. Vaccine)					920		(893)
Number of positive re-actors	...	...	...	...	186		(171)
Number vaccinated	...	...	...	...	914		(885)

In addition to routine skin testing, 156 children, the contacts of cases attending school, were also examined. Any positive re-actors in this group were referred to the Chest Physician for further investigation.

SCHOOL PREMISES

School premises, including school meals kitchens, are inspected by the Medical Officer at the conclusion of routine medical inspections. Any defects noted are reported to the Education Committee.

OTHER MEDICAL EXAMINATIONS

							(1963)
1. Entrants to Training College	...	...	...	...	63		(55)
2. Teachers	...	...	...	...	85		(27)
3. School Meals Service	...	...	...	...	86		(95)
4. Boarded out children attending schools in the Borough, (The Children Act, 1948)	...	...	...	...	17		(19)
					<hr/>		<hr/>
					TOTAL	...	(196)
					<hr/>		<hr/>

SCHOOL DENTAL SERVICE

The staff during the year consisted of:—

2 full-time Dental Officers and 2 Dental Surgery Assistants.

1 part-time Dental Officer and Dental Surgery Assistant working three sessions a week at Pinehurst Clinic.

Mr. D. C. Dawson, the Area Dental Officer, resigned on the 17th October, 1964 and emigrated to Australia. Mrs. C. P. Gretton was appointed to the post of Dental Officer on the 2nd November, 1964.

More routine inspections were carried out compared with 1963 but because of staff shortages, still fell below a desirable level. Treatment at Eastcott Hill Clinic continued to be chiefly in response to demand the treatment of urgent cases.

ENDED 31st DECEMBER, 1964

Number of pupils on the register of maintained primary and secondary schools (including special schools) in December, 1964										18,926	(1963) (18,445)
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(a) Dental and Orthodontic work.

1. Number of pupils inspected by the Authority's Dental Officers:—

(i) At Periodic Inspections	4,788	} Total	6,662	(6,052)
(ii) As Specials	1,874			

2. Number found to require treatment	3,849	(3,782)
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3.	Number offered treatment	3,832	(3,147)
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4.	Number actually treated	2,383	(2,528)
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(b) Dental Work (other than orthodontic).

1. Number of attendances made by pupils for treatment, excluding those recorded at (c) below	6,759	(5,795)
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2. Half-days devoted to:—

(i) Periodic (School) inspection	...	47	} Total	766	(715)
(ii) Treatment	719			

3. Fillings :—

(i) Permanent Teeth	2,679	} Total	3,212	(3,233)
(ii) Temporary Teeth	533			

4. Number of Teeth filled:—

(i) Permanent Teeth	2,574	} Total	3,129	(3,029)
(ii) Temporary Teeth	555			

5. Extractions:—

(i) Permanent Teeth	622	} Total	2,563	(2,302)
(ii) Temporary Teeth	1,941			

6. Administration of general anaesthetics for extractions ...	606	(382)
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7.	Number of pupils supplied with artificial teeth	13	(20)
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8.	Other operations	2,022	(1,829)
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(c) Orthodontics—pupils referred for treatment	126	(101)
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APPENDIX

Clinics provided directly by the Education Authority and under arrangements with
Regional Hospital Boards

Type of Clinic		Treatment or Examination provided by the Education Committee	
‡Child Guidance	...	Trowbridge: County Health Clinic Mondays, 10 a.m. and 1.30 p.m.	Swindon: 81 Bath Road Thursday, 10 a.m. and 1.30 p.m.
		Salisbury: Central Health Clinic, Avon Approach, Castle Street Tuesday, 9.45 a.m.; Monday, 9.45 a.m., when necessary	Swindon: The Clinic, Priory Road Friday, 9.45 a.m.; Monday, 9.45 a.m. when necessary Chippenham: County Health Clinic Mondays, 10 a.m. and 1.30 p.m.
		Marlborough: County Council Clinic, 8 Kingsbury Street 2nd Tuesday, 2.30 p.m.	Corsham: County Council Clinic 1st and 3rd Tuesday, 9.30 a.m. Alternate Mondays, 10 a.m. and 1.30 p.m.
Dental	...	Bradford on Avon: Lambert Memorial Hall 1st and 3rd Wednesdays, 2 p.m. and by appointment	Salisbury: Central Health Clinic, Avon Approach, Castle Street Monday, Tuesday, Wednesday, Saturday, 9.30 a.m. and by appointment
		Chippenham: County Health Clinic Tuesday and Wednesday, 9.30 a.m. and 1.30 p.m.	St. Michael's Parish Room, Bemerton Heath, by appointment
		Corsham: County Council Clinic, Fuller Avenue By appointment	Swindon: School Dental Clinic, Health Centre 1st and 3rd Fridays, 2 p.m. and by appointment
		Devizes: County Council Clinic, New Park Street 1st and 3rd Fridays, 2 p.m. and by appointment	Trowbridge: County Health Clinic Wednesdays at 9.30 a.m. and by appointment
		Marlborough: County Council Clinic, 8 Kingsbury Street Friday, 9.30–12 and by appointment	Warminster: Congregational Lecture Hall, The Close Friday, 9.30 a.m. and by appointment
		Melksham: County Health Clinic By appointment	
		Mere: The Lecture Hall, Salisbury Street By appointment	
School Medical Officer's Clinics ...		Chippenham: County Health Clinic 1st and 3rd Tuesdays at 10 a.m. Salisbury Central Health Clinic, Avon Approach, Castle Street Monday, Thursday and Friday, 9 a.m.—9.30 a.m.; Wednesday morning from 9 a.m.	Trowbridge: County Health Clinic Tuesday, 10 a.m.
Speech Therapy	...	Amesbury: Antrobus House Friday, 9.30 a.m.	Salisbury: Central Health Clinic, Avon Approach, Castle Street Tuesday, 9.30 a.m. and 1.30 p.m., Thursday, 1.30 p.m.
		Chippenham: County Health Clinic Wednesday, 9.30 a.m. and 1.30 p.m.	Trowbridge: County Health Clinic Monday, 9.30 a.m. and 1.30 p.m.
		Corsham: Fuller Avenue Thursday, 9.30 a.m.	Warminster: County Health Clinic Wednesday, 9.30 a.m.; alternate Wednesdays, 1.30 p.m.
		Devizes: County Council Clinic, New Park Street Wednesday, 1.30 p.m.	
		Malmesbury: Secondary Modern School Tuesday, 9.30 a.m.	*Swindon: Eastcott Hill Monday, 9.30 a.m. and 1.30 p.m.
		*Marlborough: 8 Kingsbury Street Wednesday, 9.30 a.m.	Bradford on Avon: Christ Church Jnr. School Alternate Thursdays, 1.30 p.m.
		Melksham: County Health Clinic Friday, 9.30 a.m.	*Calne: Youth Centre, Anchor Road Thursday, 9.30 a.m.
		*Mere: Lecture Hall Friday, 1.30 p.m.	Westbury: Secondary Modern School Alternate Wednesdays, 1.30 p.m.

*Clinic suspended until the vacancy for a speech therapist is filled

‡See note at foot of page 53

Type of Clinic	Treatment or Examination provided by Regional Hospital Boards	
Heart	Corsham: County Council Clinic, Fuller Avenue By arrangement	Trowbridge and District Hospital By arrangement
	Salisbury General Infirmary By appointment from the Hospital	
Ophthalmic	Chippenham and District Hospital Tuesday, 9.30 a.m.	Salisbury General Infirmary Monday, 9.15 a.m. 1st, 2nd, 4th and 5th Tuesdays, 9.30 a.m.
	Corsham: County Council Clinic, Fuller Avenue Wednesday (by arrangement) 10 a.m. and 1 p.m.	Swindon: Ophthalmic Department, Princess Margaret Hospital, Okus Road Monday, 9.30 a.m.
	Devizes and District Hospital Monday, 2 p.m.	Trowbridge: County Health Clinic Wednesday (by arrangement) 10 a.m. and 1 p.m.
	Malmesbury and District Hospital 1st and 3rd Friday in the month, 3 p.m.	
	Savernake Hospital Thursday (1st and 3rd in month), 10 a.m.	Warminster: Methodist Schoolroom, George Street 2nd, 4th and 5th Friday in month, 2.30 p.m.
Orthopaedic	Calne: The Surgery, 1 London Road Surgeon attends 2nd Tuesday at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.	Salisbury General Infirmary Surgeon attends each Wednesday (morning and afternoon)
	Chippenham: County Health Clinic Corsham: County Council Clinic, Fuller Avenue These two clinics are run in conjunction with each other. Surgeon attends at one or other on 1st Wednesday in month Sister attends at each Clinic every Wednesday	Swindon: Princess Margaret Hospital, Okus Road By appointment from the Hospital
	Devizes: County Health Clinic Surgeon attends 4th Thursday in month, 10.15 a.m. Sister attends 2nd and 3rd Thursdays, 10.15 a.m.	Marlborough: Savernake Hospital Surgeon attends 1st and 3rd Tuesdays, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m.
	Malmesbury and District Hospital Surgeon attends 1st Monday in month, 10.30 a.m. Sister attends 1st, 2nd, 3rd and 4th Mondays, 10-10.30 a.m.	Trowbridge: County Health Clinic Surgeon attends 4th Friday in month, 10.30 a.m. Sister attends every Friday, 10.30 a.m.
		Warminster: District Hospital Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters every Monday
Ear, Nose and Throat	Bath: Royal United Hospital By appointment from the Hospital	Salisbury General Infirmary Wednesday, 10.30 a.m. and Thursday at 2.30 p.m.
	Chippenham and District Hospital By appointment from the Hospital	Savernake Hospital By appointment from the Hospital
	Cirencester Hospital By appointment from the Hospital	Shaftesbury Hospital By appointment from the Hospital
	Corsham: County Council Clinic, Fuller Avenue 2nd Saturday in month, 9.30 a.m.	Swindon: Princess Margaret Hospital By appointment from the Hospital
	Devizes and District Hospital By appointment from the Hospital	Trowbridge: Trowbridge and District Hospital By appointment from the Hospital
	Malmesbury and District Hospital By appointment from the Hospital	Warminster and District Hospital By appointment from the Hospital
	Melksham and District Hospital By appointment from the Hospital	Westbury and District Hospital By appointment from the Hospital

N.B.—Children for examination at these Clinics should be referred through the Principal School Medical Officer. Child guidance, eye and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

